

R/V JOANNE DAIBER – Float Plan

| Date of Use: | | Account to be charged: | | |
|--------------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|--|
| Person in charge of Boat: | | Cell Phone Number: | | |
| Principal Investigator: | | Cell Phone Number: | Cell Phone Number: | |
| Work Area Description: | | | | |
| Point and Time of Departure and Expe | ected Return | · | | |
| Actual on the water usage time: | | Gallons of Fuel Used | : | |
| Persons Aboard: | | | | |
| <u>Name</u> | <u>Swim</u> | Pertinent Medical Conditions | Emergency Contact # | |
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| Risk Assessment completed by PIC / o | erew: | | | |
| Deficiencies noted | | | | |
| Prior to departing, post this form on M | Iarine Opera | tions Float Plan clipboard or email to the | three POCs below: | |
| Marine Operations I Director Marine Ope | Business Adr erations – Jo | – Evan Falgowski: Cell: (610) 563-104 ministrator – Joyce: (302) 645-4051; E- n Swallow: Cell: (302) 396-8565 E-Mail Phone: 800-391-4869 | Mail: jharms@udel.edu | |

Upon return to the dock outside normal business hours, send an email or text to Evan and Jon.