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: _____

Work Area Description: _____

Point and Time of Departure and Expected Return: _____

Actual on the water usage time: _____ Gallons of Fuel Used:_____

Persons Aboard:

Name	***Swim***	***Pertinent Medical Conditions***	***Emergency Contact #***

Risk Assessment completed by PIC / crew: _____

Deficiencies noted _____

Prior to departing, post this form on Marine Operations Float Plan clipboard or email to the three POCs below:

Points of Contact:

R/V JOANNE DAIBER Captain – Evan Falgowski: Cell: (610) 563-1040; E-Mail: evanfal@udel.edu
Marine Operations Business Administrator – Joyce: (302) 645-4292; E-Mail: jharms@udel.edu
Director Marine Operations – Jon Swallow: Cell: (302) 396-8565 E-Mail: jswallow@udel.edu
BoatUS Membership #20120429 Phone: 800-391-4869

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

Ver. 2023 01 05