



Float Plan and Maintenance Checklist

Vessel: _____ Grant/Fund Account # _____

Boat Operator: _____ Authorizing Signature _____

Purpose of Operation: _____

Estimated Time of Return: _____

Launch: Date: _____ Time: _____ Location: _____

Recovery: Date: _____ Time: _____ Location: _____

Personnel on Board: (if more than 6, list on back)

1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

Vessel Checklist (circle which applies)

Fuel Level Out: Full ¾ ½ ¼	Fuel Level In: Full ¾ ½ ¼
Oil Level or Mixture: OK? Y N N/A	Oil Added: Type _____ Qty _____
Electronics: Bottom Machine? Y N	Radio? Y N
Anchor and Line Y N	Dock Lines: Qty _____
Life Jackets Out: Qty _____	Life Jackets Returned: Qty _____
Throwable Cushions Out: Qty _____	Throwable Cushions Returned: Qty _____
Steering Working Y N	

Boat Box : Key **Y N** Registration **Y N** Flares **Y N**
First Aid Kit **Y N** Whistle **Y N** Fire Extinguisher **Y N**

Trailer Checklist (circle which applies)

Lights Working: Left Right Tail	Lights Not Working: Left Right Tail
Trailer Ball Size: 1 7/8" 2" 2 5/16"	Trailer Coupling Size: 1 7/8" 2" 2 5/16"
Wheel Bearings Greased: Y N	Safety Chains Hooked: Y N Lugs Bolts or Nuts Tight: Y N
Tire Pressure: L.F. ok low R.F. ok low	L.R. ok low R.R. ok low

Return Checklist

Date: _____ Time: _____ By: _____
 Engine Flushed: How Long _____ Boat/Trailer/Axles & Hubs: Rinsed **Y N** Scrubbed **Y N**
 Gear (Life Jackets, Boat Box, Electronics, Lines etc.) Returned & Stored Properly **Y N**
 Battery Turned Off **Y N**

Maintenance or Items Needed (continue on back) _____

Parts & Items Installed & Repairs Completed _____

Items Installed and Repairs Completed by: _____ Date: _____

Float plan reviewed by: _____ Date: _____