

ANSA FLOAT PLAN

VESSEL: FANTASEA (min 4, max 14) MARTHA JEAN (min 2, max 7) OTHER _____ (min/max determined by skipper)

PURPOSE: TRAINING CHECK OUT CLUB SAIL
 MAINTENANCE MOONLIGHT OTHER _____

TIME PERIOD: From: Time/Date To: Time/Date Multiday

ITINERARY: Local Waters Beyond Local (submit LEG info. separately)

MANIFEST:	QUAL	NAME	SHORESIDE CONTACT & PHONE	Member/Guest/Money
Skipper:	_____	_____	_____ / ____ - ____ - ____	<input type="checkbox"/> <input type="checkbox"/> \$ _____
Mate: 2	_____	_____	_____ / ____ - ____ - ____	<input type="checkbox"/> <input type="checkbox"/> \$ _____
Crew: 3	_____	_____	_____ / ____ - ____ - ____	<input type="checkbox"/> <input type="checkbox"/> \$ _____
4	_____	_____	_____ / ____ - ____ - ____	<input type="checkbox"/> <input type="checkbox"/> \$ _____
5	_____	_____	_____ / ____ - ____ - ____	<input type="checkbox"/> <input type="checkbox"/> \$ _____
6	_____	_____	_____ / ____ - ____ - ____	<input type="checkbox"/> <input type="checkbox"/> \$ _____
7	_____	_____	_____ / ____ - ____ - ____	<input type="checkbox"/> <input type="checkbox"/> \$ _____
8	_____	_____	_____ / ____ - ____ - ____	<input type="checkbox"/> <input type="checkbox"/> \$ _____
9	_____	_____	_____ / ____ - ____ - ____	<input type="checkbox"/> <input type="checkbox"/> \$ _____
10	_____	_____	_____ / ____ - ____ - ____	<input type="checkbox"/> <input type="checkbox"/> \$ _____
11	_____	_____	_____ / ____ - ____ - ____	<input type="checkbox"/> <input type="checkbox"/> \$ _____
12	_____	_____	_____ / ____ - ____ - ____	<input type="checkbox"/> <input type="checkbox"/> \$ _____
13	_____	_____	_____ / ____ - ____ - ____	<input type="checkbox"/> <input type="checkbox"/> \$ _____
14	_____	_____	_____ / ____ - ____ - ____	<input type="checkbox"/> <input type="checkbox"/> \$ _____

# Aboard <input type="checkbox"/> PFDs ON	Fuel Level F, ¾, ½, ¼, E	Valves <input type="checkbox"/> Raw Water <input type="checkbox"/> Fuel	Battery 1 (volts) 13.2 full, 12.2 half, 11.8 ¾ empty	Battery 2 (volts) 13.2 full, 12.2 half, 11.8 ¾ empty	Bilge Level E, ¾, ½, ¼, F
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I accept responsibility for the Vessel and all items of equipment listed on the official ANSA inventory for this vessel, except the stores carried aboard. I agree to operate this vessel in accordance with the current edition of the Policy and Procedures of the Annapolis Naval Sailing Association.

Skipper's Signature

Date

Notes: This form must be complete, signed by the skipper, dated, and emailed to floatplan@ansa.org prior to departure and upon return noting any issues, injuries or damage encountered.

CREW BRIEFING

Introductions

Itinerary

Weather

Medical

Fire Safety

Head Operations

Swimmer

PFDs Policy

VHF radio check

Verify Safety Equipment (i.e. Lifesling, Throwables)

NOTES

(boat issues, repairs, injuries, highlights, etc.)