

Scientific Boating Project Approval or Renewal

PROJECT START/END DATE: _____ PI's NAME & DEPT: _____

VESSEL OWNER: _____ LAUNCHMASTER: _____

VESSEL DESCRIPTION

Name & ID #: _____ Manufacture: _____

Length/Width: _____ Engine Type: _____ Max vessel load (lbs)/max # of crew: _____

General Description (hull type, console/cabin, etc): _____

REVIEW [EQUIPMENT REQUIREMENT CHECKLIST](#) AND NOTE SAFETY EQUIPMENT PROVIDED

☐ Lifevest: Type & # of _____ ☐ First Aid ☐ VHF Radio ☐ Cell Phone ☐ Satellite Phone ☐ EPIRB

☐ GPS ☐ Compass ☐ Fire Extinguisher ☐ Anchor ☐ Oars ☐ Nav. Lights ☐ Field Repair Kit ☐ Water

☐ Audible/Visual Signaling Device: Type & # of _____ ☐ Other: _____

DESCRIPTION OF LAUNCH METHOD, TOW VEHICLE, HITCH RATING AND TRAILER IF APPLICABLE

SPECIFIC LOCATION, TIME OF OPERATION, TYPE OF ACTIVITY & SAMPLING EQUIPMENT

POSSIBLE HAZARDS & WEATHER GUIDELINES OF OPERATION: _____

SHORECONTACT INFORMATION: *the shore contact should have the vessel's float plan prior to departure and contact the vessel after the ETA passes. If the shore contact fails to reach the vessel one hour pass their ETA then the predetermined emergency agency (Coast Guard, etc) should be contacted.*

Contact name and phone number if overdue: _____

Emergency plan for shorecontact, including activation time: _____

BOAT OPERATOR EMERGENCY PROCEDURES (EMS activation, nearest medical aid, etc)

All vessels operating under the auspices of UCSB must be approved by their department and the [Small Boating Committee](#), and at the minimum, be in compliance with local, state and USCG regulations.