



Paddle South Australia Float Plan

Prepared by _____ Date _____

SARTIME Time _____ Date _____

If the group has not reported by the time nominated above, call

Emergency contact _____ at _____
Agency Phone

Group agent

Name _____ Phone _____

Availability (times, hours per day) _____

Site/s monitored _____

Vehicle _____

Group Instructors/Guides

Name	Age	M/F	Phone	Boat colours	Skill level	Medical info

Group members

Name	Age	M/F	Emergency contact	Boat colours	Skill level	Medical info

If space insufficient attach list

Total number in party _____

Departure point

Location _____ Date _____ Time _____

Vehicles at site

Make/model	Year	Colour	Registration

Destination

Location _____ Date _____ Time _____

Vehicles at site

Make/model	Year	Colour	Registration

Planned route

Maps/charts used _____

Day/s	Destination	Location (Grid reference or latitude and longitude)	Initial track on departure

Alternates

Day/s	Location/route

Equipment

Tents: No _____ Colours _____

First aid kits: No _____

Fire starting materials _____

Food and water

Water supplies: Days _____

Food supplies: Days _____

Resupply points _____

Communications

		Hours monitored
Mobile phone	<input type="checkbox"/> Number/s _____	_____
VHF	<input type="checkbox"/> Callsign _____	_____
UHF	<input type="checkbox"/> Callsign _____	_____
Other	<input type="checkbox"/> Details _____ (e.g. satellite phone, SPOT)	_____

Signalling devices

EPIRB/PLB Flares: handheld red smoke rocket
 Strobe Flashlights Signal mirror

Notes