



Vessel Voyage Plan

Skipper Details:	Name: <input type="checkbox"/> Holds RST
	Contact Details:
Emergency Contact:	Name:
	Contact details:
Vessel Registration:	<input type="checkbox"/> Registration in date: <input type="checkbox"/> Owner details correct

Voyage date:	Persons on board: <input type="checkbox"/> Stability safe
Logged on with: <input type="checkbox"/> VMR <input type="checkbox"/> WPCC <input type="checkbox"/> Other:	
Estimated departure time:	Estimated Return Time:
Voyage Area:	
Known Hazards:	
Voyage Activities:	

Expected Weather Conditions:	Tides:
Max. Wind Speed:	Max. Sea/Swell Height:

Refuelling/safe havens:	
Fuel On Board:	Expected Fuel Use: (Ltrs/Hr)

Safety Gear Check In Good Condition / In Date <input type="checkbox"/> Life Jackets (one per person) <input type="checkbox"/> Flares: Inshore <input type="checkbox"/> Flares: Parachute <input type="checkbox"/> Fire Extinguisher	<input type="checkbox"/> 27Mhz Radio <input type="checkbox"/> VHF Radio <input type="checkbox"/> EPIRB <input type="checkbox"/> Bailer <input type="checkbox"/> Anchor & Line
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Vessel Checks <input type="checkbox"/> Motor Serviced <input type="checkbox"/> Charts/GPS <input type="checkbox"/> Trailer <input type="checkbox"/> Nav Lights	<input type="checkbox"/> Provisions <input type="checkbox"/> First Aid Kit <input type="checkbox"/> Torch <input type="checkbox"/> Bung in
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Return Date :	Time:
Logged Off With:	Signed:

A Copy of this form should be made prior to intended voyage and retained by the nominated emergency contact or other responsible person for use by authorities if required.