


Coastal Carolina University

Guide For Safe Boating Operations

Approvals:



David DeCenzo, President




Date



Robert Sheehan, Provost



Date



Michael Roberts, Dean CNAS



Date

INTRODUCTION

Purpose and Scope

The following rules, regulations and requirements apply to all persons operating boats under the auspices of Coastal Carolina University. They apply to all vessels owned by or in the custody of Coastal Carolina University. These rules also apply to vessels, regardless of ownership, used on tasks or projects for or by Coastal Carolina University. Any vessel launched from property under the control of Coastal Carolina University must follow these rules.

[Approved Boat Operators](#) will normally be restricted to faculty, staff, and students of Coastal Carolina University. Other than trainees under the direct supervision of a CCU certified Boat Operator, no individual may participate as a boat operator in a Coastal Carolina University program without Coastal Carolina University Boating Safety Officer's approval.

The Coastal Carolina University Boating Safety Officer will administer Boat Operator's approval.

CERTIFICATION

Requirements for Approval:

Boating approval is issued by the Coastal Carolina University Boating Safety Officer (BSO) for all persons who may use, for any purpose, vessels owned by or in the custody of Coastal Carolina University, and to those who use vessels regardless of ownership, on tasks or projects of Coastal Carolina University, or from property under the control of Coastal Carolina University. The approval program is intended to ensure the safety of personnel involved in vessel activities.

Applicants must:

1. Be a minimum age of 21;
2. Sign a statement of medical fitness or, at the discretion of the BSO obtain a physician's signature of fitness from a qualified medical professional to safely operate a vessel.
3. Sign a Coastal Carolina University Activities Waiver and Release Agreement form;
4. Submit proof of an approved course on boat handling i.e., U. S. Coast Guard Auxiliary <http://www.americaiboatingcourse.com> ,Boat South Carolina <http://www.boat-ed.com/sc/index.htm>;
5. Submit a resume of boat experience; **see appendix**
1. Submit proof of certification in Cardio-Pulmonary Resuscitation and First Aid;
2. Successfully demonstrate, to the satisfaction of the BSO safe boat handling skills and systems familiarization in the craft to be utilized by the operator; and
8. At the discretion of the BSO complete an orientation checkout of the area to be used by the operator.

It is important for the applicant to complete all requirements for approval well in advance of any planned operation. **DO NOT WAIT UNTIL THE LAST MOMENT BEFORE THE VESSEL IS NEEDED.** Activities should be planned to allow sufficient time for the approval process before the operation begins. The boat handling skills checkout is considered the most important part of the certification process and may take considerable time depending on past experience of the operator, vessel size, complication of the vessel systems, and the location in which the operation is to take place.

CERTIFIED LEVELS

Approval is for the class of boat and the skill level.

Vessel Classes

Class A - vessels under 19 feet.

Class I - vessels 19 feet to under 26 feet.

Skill Levels

Trainee: May operate vessel only in the presence of a qualified operator.

Operator: Skill Levels

Inshore: Protected Waters, Lakes, Bays, Rivers, and Sounds

Offshore: Near shore, ocean: requires distance and location approval
from Coastal Carolina University Boating Safety Officer

Sailboats and Powerless Craft

Certification is by the size and type of vessel.

BOAT OPERATING REQUIREMENTS AND SAFETY RULES

1. Ultimate responsibility for safe operation rests with the Boat Operator.
2. The boat and a plan of operation shall be reviewed and approved by the BSO; plan of operation shall include but not be limited to the following; a) area of operation (current NOAA nautical chart with route clearly marked), b) description of operation, c) personnel involved, d) documentation of licenses and certifications, and e) dates of operation.
3. Boat Operators are responsible for understanding and abiding by Federal, State, Local and Coastal Carolina University regulations concerning safety, rules of the road, vessel usage, approval and required equipment on board. A Boat Operator's approval may be revoked or suspended by the BSO or the appropriate Department Head for violations.
4. In emergencies or in other cases where it is prudent to deviate from accepted procedures, Boat Operators may use their own discretion, but should justify their actions in a written report as directed by the BSO or appropriate Department Head.
5. Boat Operators must assure that boats used on Coastal Carolina University operations meet or exceed all Federal, State, Local and Coastal Carolina University requirements for safety, be in good repair, be well maintained and seaworthy beyond doubt.
6. Boat Operators must report accidents to the Department of Public Safety immediately. An accident form must be filed within 24 hours of the accident. The Department of Public Safety must report any and all accidents to the Department of Risk Management. In addition, all state and federal laws concerning the reporting of accidents must be followed.
7. Programs requiring operations outside the parameters of this guide require notification to the BSO and appropriate Department Head. Sufficient lead-time prior to the operations must be allowed for processing notifications for adherence to safety.
8. Boat Operators are required to file a written float plan prior to boating operations. The plan shall include location of operations with possible deviations, names and phone numbers of participants, time of departure, expected return, vessel make, and vessel description. ***FLOAT PLANS MUST BE CLOSED IMMEDIATELY UPON RETURNING TO THE LANDING.***
9. All operations require that an Accident Procedures Plan addressing local evacuation and medical facilities be on board the vessel during operations. Boat Operator must assure that each participant be aware of its presence.

10. Boat Operators are required to check the appropriate NOAA weather forecast before beginning operations. During periods of small craft warnings or advisories, no Coastal Carolina University operation is to carry on activities except in protected waters. No vessel operations shall take place during periods of obscured visibility. In cases where conditions change while underway or while on station, Coast Guard, State or Local rules and common sense for safety apply.
11. Ocean Operations require a functional VHF radio, a compass, a GPS, EPIRB, and a cellular telephone. All operations require either a VHF radio or a cellular phone for emergency as well as normal communications. VHF radio must be tuned to Channel 16. Communications with the Boat Operator by way of VHF radio, cell phone, satellite hook-up or an EPIRB is required while in remote locations.
12. No Boat Operator shall exceed the limit of their approval without prior permission of the Coastal Carolina University Boating Safety Officer.
13. All Coastal Carolina University students, faculty, staff and persons on Coastal Carolina University sponsored programs are required to wear Coast Guard approved personal floatation devices (life jackets) while on deck underway.
14. Boat Operators must hold a passenger briefing/information meeting prior to leaving the landing. The briefing is to include:
 - Location of safety equipment
 - Use of safety equipment
 - Wearing safety equipment
 - Safety underway
 - Location of accident procedures plan
 - Fire procedures
 - Abandoning ship
 - Any information relative to safety and the vessel mission
 - A request that passengers with medical conditions inform operator
15. Prior to boarding, Boat Operators must be certain that all passengers have been informed of the dangers of boat operations and have signed a required waiver of liability/indemnity agreement form and a medical history form. In cases where a medical condition exists, the Boat Operator must assure that the proper precautions be taken to avoid injury or illness. If, in the Boat Operator's judgment, seasickness, illness or injury may result, the Operator may refuse boarding or request approval from a physician. The Operator must make every effort, within the limits of safety, to allow access to physically disabled persons.
16. Absolutely no swimming allowed at any time without the prior approval of the BSO. This does not apply to approved snorkeling and diving trips.

17. Smoking is not allowed on Coastal Carolina University vessels whether at dock of underway.
18. All passengers should be securely seated while the vessel is underway, unless otherwise required by research/educational activities.
19. Alcoholic beverages are not allowed on Coastal Carolina University vessels or vessels used under the auspices of Coastal Carolina University.
20. The BSO or the appropriate Department Head has the authority to suspend or disapprove of vessel activities that may be unsafe. Appeals may be made to the Boating Safety Committee.
21. Vessels shall be operated at a safe speed at all times. A safe speed shall be maintained to avoid collision and/or property damage and to ensure passenger safety. In determining safe speed, all factors: weather, vessel maneuverability, visibility, traffic, sea state, current, navigation hazards, draft, depth of water, the possibility of floating objects and all other factors relative to safety, including common sense, must be considered.
22. It is the responsibility of the Boat Operator to use every reasonable means to become familiar with their intended areas of operation. This should include review of charts, Coast Guard NOTAMS, Coast Guard radio advisories, word of mouth from local inhabitants and any other means available.
23. It is the Operator's responsibility to assure, as far as possible, that there are no illegal drugs on board and that all passengers and crew are free of the effects of any drugs that may cause impairment in judgment critical to the safe operation of a Coastal Carolina University vessel or vessel used for Coastal Carolina University operations.
24. All vessels will have an experienced US Coast Guard licensed captain on board where required by law.
25. On vessels equipped with kill switches, the Boat Operator is required to keep the kill-switch securely on his/ her person at all times while underway.
26. In the event of mechanical breakdown or other circumstance where **non-emergency assistance** is needed, contact the BSO, Department Head or Towboat US (800-336-2628), SEA-Tow (800-473-2869).
27. No one shall at any time operate a Coastal Carolina vessel while alone except for short maintenance check rides in or nearby marina or dock.
28. State law requires that the Boat Operator must stop and render assistance to any person involved in a boating accident unless it would endanger the Operator's on boat or passengers.

EMERGENCIES

Communications:

Failure to properly follow emergency procedures can result in property damage, injury or even death. It is imperative that the Boat Operator not only understand the procedures for declaring an emergency, but when to enact them as well.

Experience has shown that the great majority of people are reluctant to call attention to themselves, even in the face of an emergency. In some cases, this reluctance has resulted in death. The following situations require **IMMEDIATE NOTIFICATION OF THE COAST GUARD:**

- When there is serious injury
- When the vessel is likely to sink
- When it becomes necessary to abandon ship

Communication Procedures:

- If an emergency situation occurs the Coast Guard must be notified on VHF Channel 16 or by cell phone at 911.

Ask the Coast Guard to:

Please monitor your radio and the situation

Relate to the Coast Guard:

Location

Nature of the problem

Name of the vessel

Degree of assistance needed

Upon Reply from the Coast Guard:

- **Follow their orders:**

Example:

_____ Beach Coast Guard, this is the vessel "_____." I am three miles east of _____ Inlet on GPS coordinates 77000.00 and 350000W. I have a problem with my bilge pump, and I am taking on water. Please monitor my situation. Over.

In cases where the vessel is likely to sink or it becomes necessary to abandon ship, the international distress call, "**MAYDAY**" should be broadcast over VHF Channel 16, three times, followed by the location, name of the vessel, and nature of the problem. Upon reply, follow Coast Guard Orders.

Example:

MAYDAY, MAYDAY, MAYDAY. This is the vessel "_____." I am three miles east of _____ Inlet on GPS coordinates 000000N and 000000W. I am abandoning ship.

Repeat message two more times and wait for a reply.

ACCIDENT PROCEDURES CHECKLIST

Local Waters

- G Administer proper First Aid, i.e. CPR, Oxygen, etc.
- G Notify Coast Guard (Channel 16 VHF) or Rescue (Cellular Phone 911.)
- G Pass on all information relative to the accident. (See Call-In Data Requirements.)
- G Ensure that transportation will be available.
- G Stay with the victim.
- G Notify the Coastal Carolina University Department of Public Safety at 843-349-2911.
- G In case of a diving accident, notify Diver's Alert Network (919) 684-8111 and relate all relative information. Coast Guard and Rescue will do this for you.

Remote Operations

It is the responsibility of the Boat Operator to assure that all operations performed outside local waters have an Accident Procedures Plan on board prior to beginning operations (Coastal Carolina University Rule #8.) Also check with the BSO for a Remote Operations Checklist and Plan.

Call List – In Order of Preference

Fire and Rescue	911
CCU Department of Public Safety	843-349-2911
US Coast Guard Station Georgetown	843-546-2742
Diving Alert Network (Duke University)	919-684-8111
BSO (Richard Goldberg)	843-997-1465
DNR EMERGENCY HOTLINE	800-922-5431

CALL-IN DATA REQUIREMENTS

Have the following emergency information available **BEFORE** calling US Coast Guard for assistance:

VESSEL INFORMATION (Required in all cases)

Name of Vessel _____ Call Sign _____

Description of Vessel _____

Position(LL or Loran) _____

No. of Persons on Board _____ Vessel Speed _____

Type of Distress and Assistance Requested _____

MEDICAL INFORMATION

Patient Name _____ Age _____ Sex _____

Pertinent Medical History _____

Symptoms _____

Vital Signs: Conscious _____ Breathing _____ Pulse _____

Medical Equipment You Have on Board _____

Treatment in Progress _____

DIVING INFORMATION

Dive Profile:

Depth _____ Bottom Time _____ Breathing Mix _____

Repeat Dive? _____ If so, depths, bottom times and surface intervals of previous
dives _____

How long after dive before symptoms occurred? _____

Has Buddy experienced any symptoms? _____

REQUIRED EQUIPMENT CHECKLIST

For Coastal Carolina University Small Vessels (under 26 feet)

Machine Powered Vessels

Inshore:

- G One Type I, II, or III CG approved PFD for each person on board (worn)
- G One Type IV throwable PFD
- G One CG approved sound signaling device
- G One CG approved fire extinguisher (Class B-1)
- G One CG approved flare kit
- G VHF radio or cell phone
- G Registration certificate
- G First Aid kit

Offshore:

- G One Type I CG approved PFD for each person on board (worn)
- G One Type IV throwable PFD
- G One CG approved fire extinguisher (Class B-1)
- G One CG approved sound signaling device
- G One CG approved flare kit
- G First Aid kit
- G VHF radio
- G Compass
- G Drinking water
- G GPS and EPIRB (required beyond 3-miles)

Sail Powered Vessels

- G One CG approved PFD for each person onboard (worn)
- G One CG approved sound signaling device
- G VHF radio or cell phone

Manually Powered Vessels

- G One CG approved PFD for all passengers(worn)
- G One CG approved sound signaling device
- G VHF radio or cell phone

SMALL SAILING CRAFT

(not powered by machinery)

- Maximum Capacity:** As per the manufacturer's recommendation.
- Flotation Requirements:** Non-sinking material or flotation tanks sufficient to maintain buoyancy of hull and all passengers sitting inside swamped vessel.
- Type of Use:** Inland and near shore only.
- Required Procedures:** Float plans are required.
- Required Equipment:** Coast Guard Approved Type I, II, III or IV PFD's to be worn by each person on board.

Certification Requirements:

Swim Test – All passengers are required to wear PFD's.

Vessel familiarization & required demonstration to include:

- § Vessel components and function
- § Maneuvering
- § Recovery from capsizing and self rescue
- § Rescue of overboard victims
- § Safety procedures and winter operations
- § Familiarization with Personal Flotation Device

CANOES AND KAYAKS

- Maximum Capacity:** As per manufacturer's recommendation.
- Flotation Requirements:** Non-sinking material or flotation tanks sufficient to maintain buoyancy of hull and all passengers sitting inside swamped vessel.
- Type of Use:** Flat water, inland only.
- Required Procedures:** Float plans are required.
- Required Equipment:** Coast Guard Approved Type I, II, III or IV PFD's to be worn by each person on board.

Certification Requirements:

Swim Test – All paddlers and passengers are required to wear PFD's.

Vessel familiarization & required demonstration to include:

- § Vessel components and function
- § Paddle strokes and maneuvering
- § Recovery from capsizing and self rescue
- § Rescue of overboard victims
- § Safety procedures and winter operations
- § Familiarization with Personal Flotation Device

Coastal Carolina University
PLEASE PRINT LEGIBLY & FILL IN ALL AREAS
DISPATCH FAX # 843-349-2141
FLOAT PLAN (FOR SMALL CRAFT USE)

- 1). Name _____, address _____,
cell phone # (____) ____ - _____. home # (____) ____ - _____. of vessel operator.
- 2). Name _____, work # (____) ____ - _____.,
home(____) ____ - _____. cell #(____) ____ - _____ of faculty advisor.
- 3). Description of vessel: _____.
Hull #: _____.
- 4). Vehicle Plate# _____, State _____, Make _____, Where is the tow
vehicle being parked (landing)? _____.
- 5). Number of persons on vessel _____. (Including operator)
Name _____ Cell Telephone # (____) ____ - _____.
Name _____ Cell Telephone # (____) ____ - _____.
Name _____ Cell Telephone # (____) ____ - _____.
Does anyone aboard have any medical condition(s), if yes, who? _____,
Describe briefly: _____.
- 6). Trip Details:
Departure date __ / __ / _____ time _____ (AM / PM).
Departure location: (landing) _____,
City _____ County _____.
Return time _____ (AM / PM).
Area of operation, From: _____
To: _____
- 7). IF I HAVE NOT RETURNED BY _____ (AM / PM),
CONSIDER ME OVERDUE.
OPERATOR OF VESSEL SIGNED: _____,

(Please print name legibly)

If you are overdue the CCU Department of Public Safety's Communications Center will call the above persons at the numbers you have provided. If no one can be reached Captain Richard Goldberg will be called. If no contact can be made with Captain Goldberg **911** will be called.

Captain Goldberg's #
Cell: 843-997-1465
Home: 843-237-3177
Other: 843-349-2202

***** VESSEL OPERATOR, IT IS YOUR RESPONSIBILITY TO NOTIFY DISPATCH OF YOUR RETURN (843-349-2911) BEFORE YOUR OVERDUE TIME. DO NOT FAIL TO DO THIS OR THE COAST GUARD AND/OR EMERGENCY RESCUE WILL BE LOOKING FOR YOU OUT AT SEA!**

Dispatcher receiving confirmation or cancellation of return:

Signed: _____
Date: _____ **Time:** _____

INSTRUCTIONS FOR PREPARATION OF FLOAT PLAN ONLY APPROVED OPERATORS CAN SUBMIT FOAT PLAN

Name of Form:

Coastal Carolina University Motorboat Operations Float Plan

Purpose:

This form serves as an official record of intended boat use and for purposes of emergency notification in the event of a boating accident.

Where to Obtain Forms:

Forms are available at the Coastal Carolina University Marine Science Department or through the appropriate Department Head. In the event of emergency, the blank form provided in this procedure may be photocopied and used.

Where to Submit Completed Forms:

Coastal Carolina University Department of Public Safety at 114 James P. Blanton Circle, Atheneum Hall, Conway, South Carolina 29526 Fax # **843-349-2141**.

Instructions:

1. List date the operation will take place.
2. Enter the name and home phone number of the intended Boat Operator.
3. Fill out boat description information for the vessel to be used.
4. List FULL NAMES of the persons who will be on board.
5. Complete the equipment checklist. Include a cell phone number where Boat Operator can be reached.
6. Complete trip expectations information. Remember to include all stops on the proposed route. "Expected time of return" should reflect the time that Coastal Carolina University Department of Public Safety can expect you back. The time given as "No later than" is the time at which, should you fail to cancel Float Plan, The Department of Public Safety will consider you over due and initiate emergency procedures to locate you. **Failure to close a float plan by this time is a serious infraction that can result in suspension or termination of Operator's certification.** Additionally, the Boat Operator, by law, can be held personally liable for any monetary charges levied by the US Coast Guard.
7. Under "Vehicle description," enter all information for the vehicle that will be used to transport the Boat Operator to and from the point of departure.
8. Fax copy to dispatch at **843-349-2141** and place original at Marine Science desk.

MARINE RADIO PROCEDURES

Operation

In order to minimize confusion and to maximize operational efficiency of marine radios, it is necessary that a standard set of radio procedures be observed. The United States Coast Guard monitors the marine VHF system for boating safety and for misuse of marine frequencies.

Basic Rules

1. All vessels must monitor channel 16 for radio contact, Coast Guard information, traffic an emergency situations.
2. Initial contact between vessels can be made through channel 16 after which you must shift your traffic to a working channel.
3. Communication on channel 16 must be kept to a minimum and must include the name of the vessel and its call sign. To end transmission, the word, "over" must be spoken. Example: "_____ Coast Guard, this is the research vessel '_____', WA4BVT, over;" or "'Mudpuppy, 'this is the RV '_____', ' WA4BVT, over."
4. If an emergency appeal is declared, all radio traffic must cease. If you are located at the site of the emergency, you must do everything possible, with consideration of your own safety, to assist the stricken vessel.

VESSEL LEASING REQUIREMENTS

Full Charter (Boat and Crew)

In addition to any other requirements specified in the Coastal Carolina University Guide for Safe Boating Operations, the following rules apply:

1. The chartered vessel must currently meet all requirements as set forth by the US Coast Guard;
2. Use of the chartered vessel must be approved by the BSO.
3. The vessel Captain and the crew must be currently licensed by the US Coast Guard to the level of operation and intended use by the Coastal Carolina University program. Documentation must be provided to the BSO;
4. All Coastal Carolina University students, faculty, staff and persons on Coastal Carolina University sponsored programs are required to wear Coast Guard approved personal flotation devices while onboard, on deck, and exposed areas. Exemption appeals should be sought through the BSO;
5. The boat and a plan of operation shall be reviewed and approved by the BSO; plan of operation shall include but not be limited to the following; a) area of operation (current NOAA nautical chart with route clearly marked), b) description of operation, c) personnel involved, d) documentation of licenses and certifications, and e) dates of operation;
6. Liability responsibility of the program must be reviewed by University Counsel and the Department of Risk Management prior to implementation.

Bare Boat (Boat Only)

In addition to any other requirements set forth by Coastal Carolina University Guide for Safe Boating Operations, the following rule applies:

1. The leased/rented vessel must currently meet to all requirements as set forth by the US Coast Guard, State of South Carolina and applicable Local Rules.
2. A Leased/Rented Small Vessel Checklist, located on the following page, is required to be completed and returned to the BSO.
3. The vessel operator must be certified by BSO.
4. All Coastal Carolina University students, faculty, staff and persons on Coastal Carolina University sponsored programs are required to wear Coast Guard approved personal flotation devices while underway, on deck, and in exposed areas. Exemptions should be sought through the BSO.
5. The boat and a plan of operation shall be reviewed and approved by the BSO; plan of operation shall include but not be limited to the following; a) area of operation (current NOAA nautical chart with route clearly marked), b) description of operation, c)

personnel involved, d) documentation of licenses and certifications, and e) dates of operation;

6. Liability responsibility of the program must be reviewed by University Counsel and the Department of Risk Management prior to implementation.

CHARTERED SMALL VESSEL CHECKLIST

Vessels not belonging to Coastal Carolina University but used on Coastal Carolina University sanctioned programs require a complete safety inspection by the Coastal Carolina University representative.

Leasing agreements, rental agreements and/or any agreement for the use of vessels not belonging to Coastal Carolina University must be reviewed by the Office of University Counsel and the Department of Risk Management prior to execution.

Machine Powered Vessels:

Inshore:

- G One Type I, II, or III CG approved PFD for each person on board (worn)
- G One Type IV throwable PFD
- G One CG approved sound signaling device
- G One CG approved fire extinguisher (Class B-1)
- G CG approved flare kit
- G VHF radio or cell phone
- G Registration certificate

Offshore:

- G One Type I CG approved PFD for each person on board (worn)
- G One Type IV throwable PFD
- G One CG approved fire extinguisher (Class B-1)
- G One CG approved sound signaling device
- G One CG approved flare kit
- G First Aid kit
- G VHF radio
- G Compass
- G Drinking water
- G GPS and EPIRB (required beyond 3-miles)

Sail Powered Vessels

- G One CG approved PFD for each person on board (worn)
- G One CG approved sound signaling device
- G VHF radio or cell phone

Manually Powered Vessels

- G One CG approved PFD for all passengers (worn)
- G One CG approved sound signaling device
- G VHF radio or cell phone

NOTIFICATION PROCEDURES IN THE POSSIBLE EVENT OF A DISASTER

In the event of a boating accident where there is a death, disappearance, or injury requiring more than 24 hrs of hospital care or more than \$500 damage done to property, South Carolina state notification laws must be followed.

Notification procedures in the possible event of a disaster involving vessels operating under the auspices of Coastal Carolina University. Disasters include death, serious injury, serious accident, missing vessel, and/or person missing from a vessel.

- A. **Purpose:**
To provide guidance on the notification process for faculty, staff and students;
- B. **Scope:**
Applies to all students, faculty and staff using vessels operating under the auspices of Coastal Carolina University;
- C. **Policy:**
It is the policy of the University to expedite notification of any disaster involving Coastal Carolina University sanctioned boating operations to the proper authority for processing as soon as possible after the event.
- D. **Procedures:**
As soon as possible after a disaster occurs, the following persons must be notified. Notification shall include identification of and disposition of any victims, mission objectives when the accident occurred, number of vessels involved, location of the accident, all information relative to the event and the disposition of the case at the present time.

- Department of Risk Management #349-2955
- Dean, College of Natural & Applied Sciences #349-2246
- Coastal Carolina University Boating Safety Officer #997-1465
- Coastal Carolina University Department of Public Safety #349-2911

If a student is involved, the following should also be contacted:

- Dean of Students #349-4160

Check-Out Procedures:

1. Reserving a boat: Reservations are normally made up to ninety days in advance, on a first-come, first-serve basis, and should be for specific dates. In cases of scheduling conflicts, schedules may be adjusted in consultation with the conflicting boat operators and the CCU BSO.
2. Float Plan: The boat operator cannot launch or use the boat until a float plan has been filed, as described elsewhere in this document. The operator must close the float plan immediately upon return to the dock or landing.

Check-In Procedure:

1. Float Plan: The boat operator has called dispatch to close the float plan.
2. Maintenance Responsibilities: The boat operator has returned the boat to the Coastal Carolina University compound or marina. Any maintenance issues or damage to the boat or trailer must be reported immediately to the CCU BSO. Boat Operators are responsible for ensuring that the boat and trailer are thoroughly washed with fresh water after each use.
3. Financial Responsibilities: the appropriate grant or department directing the operation shall assume financial responsibility for loss or damage of equipment due to Operator negligence.
4. Failure to adhere to these procedures may result in suspension or revocation of Boat Operator's Approval.

I understand the guidelines and procedures for safe boating operation. I will adhere to these guidelines, and I have completed the forms in the appendix of this manual.

Signature _____ Date _____.

Appendix

INCIDENT/ACCIDENT REPORT FORM

DIRECTIONS: All incidents or accidents – *whether or not injury is involved* – must be reported immediately after the event. A report form shall be filed with the Coastal Carolina University Boating Safety Officer, the Coastal Carolina University Department of Public Safety and the Department of Risk Management.

Name: _____ Date: _____

Location: _____

Activity: _____

Cause of Accident: _____

Corrective Measures: _____

Injury (detail): _____

First Aid: _____

Disposition of Victim: _____

Signature of Person Completing Form

Date

Print Name: _____

COASTAL CAROLINA UNIVERSITY

Volunteer Registration Form

This portion of the form to be filled out by the Volunteer:

Volunteer's Name:

Mailing Address:

Home Telephone #

Volunteers are persons doing Coastal Carolina University work/activities under the direction and control of a Coastal Carolina University authorized official and are not being paid. Liability coverage is extended to volunteers acting at the direction of a Coastal Carolina University official and within the course and scope of their Coastal Carolina University authorized activities. In order for a Volunteer, acting within the course and scope of their authorized activities, to be covered for their liability exposure as authorized volunteers of Coastal Carolina University a Coastal Carolina University Volunteer Registration Form and a Coastal Carolina University Waiver of Liability, Assumption of Risk and Indemnity Agreement Form must be completed and signed.

Coastal Carolina University volunteers are **NOT** covered by workers' compensation insurance for injuries, illness or loss of life resulting from their volunteer activities. Volunteers are strongly encouraged to obtain their own medical insurance before participating in this program.

Do you have health insurance? Yes No If yes, please provide the following information:

Medical InsuranceCarrier: _____

It is the department head's responsibility to make certain the volunteer complies with all applicable training provisions. Coastal Carolina University policies regarding volunteers are available at <https://www.coastal.edu/policies/manual/index.html> in section 1229.06.

I have carefully read the Coastal Carolina University volunteer policies and information above and understand their contents. The above information provided by me is accurate.

Volunteer's Signature

Date

This portion of the form is to be filled out by the Supervisor and Department Head:

Department Head Name

Title

Email Address

Department

Telephone Number

Begin and End Dates

Description of Volunteer Duties:

Signature of Department Head

Date

Submit completed form to Coastal Carolina University Department of Risk Management by FAX (843) 349-2384 or Campus Mail SNGL 222. Original copy shall be maintained by the volunteer's department.

COASTAL CAROLINA UNIVERSITY
Waiver of Liability, Assumption of Risk and Indemnity Agreement

Name of Participant: _____

Name and Description of Activity: _____

Waiver: In consideration of being permitted to participate in any way in (description of activity including date(s) _____ hereinafter called "The Activity," I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue Coastal Carolina University, its officers, employees, and agents for liability from any and all claims including the negligence of Coastal Carolina University, its officers, employees and agents, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in The Activity.

Signature of Parent/Guardian of Minor (If required)	Date	Signature of Participant	Date
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Assumption of Risks: Participation in The Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in The Activity. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD Coastal Carolina University HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in The Activity and to reimburse them for any such expenses incurred.

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risk agreement is intended to be as broad and inclusive as is permitted by the law of the State of South Carolina and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgment of Understanding: I have read this Waiver of Liability, Assumption of Risk and Indemnity Agreement, and I fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Signature of Participant	Date	Signature of Parent/Guardian of Minor (If required)	Date
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Coastal Carolina University
PLEASE PRINT LEGIBLY & FILL IN ALL AREAS
DISPATCH FAX # 843-349-2141
FLOAT PLAN (FOR SMALL CRAFT USE)

- 1). Name _____, address _____,
cell phone # (____) ____-____. home # (____) ____-____. of vessel operator.
- 2). Name _____, work # (____) ____-____.,
home(____) ____-____. cell #(____) ____-____ of faculty advisor.
- 3). Description of vessel: _____
Hull #: _____
- 4). Vehicle Plate# _____, State _____, Make _____, Where is the tow
vehicle being parked (landing)? _____
- 5). Number of persons on vessel _____. (Including operator)
Name _____ Cell Telephone # (____) ____-____.
Name _____ Cell Telephone # (____) ____-____.
Name _____ Cell Telephone # (____) ____-____.
Does anyone aboard have any medical condition(s), if yes, who? _____,
Describe briefly: _____
- 6). Trip Details:
Departure date ___/___/_____ time _____ (AM / PM).
Departure location: (landing) _____,
City _____ County _____
Return time _____ (AM / PM).
Area of operation, From: _____
To: _____

7). IF I HAVE NOT RETURNED BY _____ (AM / PM),
CONSIDER ME OVERDUE.
OPERATOR OF VESSEL SIGNED: _____

(Please print name legibly)

If you are overdue the CCU Department of Public Safety's Communications Center will call the above persons at the numbers you have provided. If no one can be reached Captain Richard Goldberg will be called. If no contact can be made with Captain Goldberg **911** will be called.

Captain Goldberg's #
Cell: 843-997-1465
Home: 843-237-3177
Other: 843-349-2202

***** VESSEL OPERATOR, IT IS YOUR RESPONSIBILITY TO NOTIFY DISPATCH OF YOUR RETURN (843-349-2911) BEFORE YOUR OVERDUE TIME. DO NOT FAIL TO DO THIS OR THE COAST GUARD AND/OR EMERGENCY RESCUE WILL BE LOOKING FOR YOU OUT AT SEA!**

Dispatcher receiving confirmation or cancellation of return: Signed: _____
Date: _____ Time: _____

CALL-IN DATA REQUIREMENTS

Have the following emergency information available **BEFORE** calling US Coast Guard for assistance:

VESSEL INFORMATION (Required in all cases)

Name of Vessel _____ Call Sign _____

Description of Vessel _____

Position(LL or Loran)_____

No. of Persons on Board _____ Vessel Speed _____

Type of Distress and Assistance Requested _____

MEDICAL INFORMATION

Patient Name _____ Age _____ Sex _____

Pertinent Medical History _____

Symptoms _____

Vital Signs: Conscious _____ Breathing _____ Pulse _____

Medical Equipment You Have on Board _____

Treatment in Progress _____

DIVING INFORMATION

Dive Profile:

Depth _____ Bottom Time _____ Breathing Mix _____

Repeat Dive? _____ If so, depths, bottom times and surface intervals of previous
dives _____

How long after dive before symptoms occurred? _____

Has Buddy experienced any symptoms? _____

COASTAL CAROLINA UNIVERSITY BOATING ACTIVITIES MEDICAL HISTORY FORM FOR PASSENGERS

(Must be completed prior to departure)

Name: _____ Date: _____

Address: _____

Student Id: _____ Home Phone: _____

MEDICAL HISTORY STATEMENT: I understand that boating activities can be strenuous activities, involving motions and stresses that require stamina and excellent health for my safety and well being. I hereby confirm that I have no emotional or health problems incompatible with boating activities. I understand that I must seek approval from a licensed physician if I am uncertain as to my physical fitness for the rigors of boating activities. I further understand that the Boat Operator may require me to seek approval from a physician if there is a health or safety question relative to my condition.

Place a check beside each item that applies to your past or present medical history, and explain as necessary in the space provided for remarks.

- I have read the medical history statement
- Mental or emotional problems
- Physical disability
- Regular medication
- Allergies, including drugs
- Rejected from any activity for medical reasons
- Motion sickness
- Claustrophobia
- Contact lenses or glasses
- Ear or hearing problems
- Dizziness or fainting
- Epilepsy
- Heart condition
- Diabetes
- Chest pain
- Use of street drugs
- Current pregnancy
- High blood pressure
- Any medical problems not listed

PRINT OR TYPE REMARKS _____

I certify that the above information is complete and correct to the best of my knowledge.

Signature: _____ Date: _____

IN CASE OF EMERGENCY, CONTACT:

Name: _____ Relationship: _____ Phone: _____

Small Boating Resume and Approval Form

Name _____ Local Address _____

Local Phone _____ Date of Birth _____ Over 21 Yes No

Boat Handling

List of Certifications (i.e. Coast Guard Auxiliary, Power Squadron)

Current First Aid, CPR Yes No

Brief Description of Small Boat Experience (i.e. size and type boat, area accessed, approximate days underway)

CCU Boat Class No Yes When _____

MSCI 103 No Yes When _____

Boating Safety Officer Comments and Approval

Comments _____

Approval to Operate Vessel Class A Vessel Class I

Signature _____ Date _____

Boat Safety Officer