**AUXILIARY BOAT MOVEMENT RECORD**

Reset Form

**AUXILIARY FACILITY**

DATE: TONO: PATROL AREA:

REGISTRATION:

CELL NUMBER:

TIME U/W: TIME M/D: TOTAL MIN:

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME** | **AUX NUMBER** | **FLOTILLA** | **CREW/COXSWAIN** |
| 1. |  |  |  |
| 2. |  |  |  |
| **3.** |  |  |  |
| **4.** |  |  |  |
| **5.** |  |  |  |
| 6. |  |  |  |
| **7.** |  |  |  |
| **8.** |  |  |  |

# REASON U/W

COMMS: FREQ. TIME: 15 MIN 30 MIN

# WEATHER:

SEAS

.

FT WIND

.

KTS

HEADING

SURF CONDITIONS VISIBILITY

WARNINGS:

**TIDES**

**(H)**

**(L) WATER TEMP**

**AIR TEMP**

RISK ASSESSMENT: TOTAL SCORE

OOD SIGNATURE

Print Form