

# AUXILIARY BOAT MOVEMENT RECORD

AUXILIARY FACILITY

DATE:

TONO:

PATROL AREA:

REGISTRATION:

CELL NUMBER:

TIME U/W:

TIME M/D:

TOTAL MIN:

	NAME	AUX NUMBER	FLOTILLA	CREW/COXSWAIN
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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 \_\_\_\_\_