

Patrol date _____

Vessel ID _____

Last name, First Name & Aux #

Last name, First Name & Aux #

Coxswain & Owner:		
Crew:		
Crew:		
Crew:		
Crew:		
Crew:		
Crew:		
Crew:		
Crew:		

Time of Land Line call to the Station: Date: _____ Time: _____

Login in time: _____

Initial GAR #: _____

Log out time: _____

Patrol Order #: _____

Eng Hr Time: _____ hrs

Fuel taken on: Gal: _____ Cost: # _____

Cost of Ice: \$ _____

Location: _____

Fuel Additive: \$ _____

Date: _____

Time Actions or incidents or items of note

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continued on the reverse

Patrol date _____ Vessel ID _____
Time Actions or incidents or items of note continued

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