

**FOR EH&S USE ONLY**

**Date Submitted:** \_\_\_\_\_

**Grant/ Project#:** \_\_\_\_\_

**APPENDIX E  
Florida Atlantic University  
Diving Safety Program**

**DIVE PLAN SUBMITTAL FORM**

**DSO Signature** \_\_\_\_\_

**Proposed Expedition Dates:** \_\_\_\_\_ **through** \_\_\_\_\_

**General Dive Site Location:** \_\_\_\_\_

**Dive Plan Submitted By:** \_\_\_\_\_

**Principal Investigator:** \_\_\_\_\_ **Lead Diver:** \_\_\_\_\_

**Is this Dive Plan in Support of a Grant:** \_\_\_\_\_ **Grant No.:** \_\_\_\_\_

**Proposed No. of Dives:** \_\_\_\_\_  
(Profile each dive if different)

**Proposed No. of Divers:** \_\_\_\_\_  
(List each diver on info. Sheet)

**Will this Plan Involve:**

- |  |   |
|--|---|
| <input type="checkbox"/> Boats or larger vessels | <input type="checkbox"/> Flying after diving  |
| <input type="checkbox"/> Multiple days of diving | <input type="checkbox"/> International travel |
| <input type="checkbox"/> Decompression diving    | <input type="checkbox"/> Non-FAU personnel    |
| <input type="checkbox"/> Specialty diving        |   |

**General Dive Plan Considerations**

- Any diver has the right to refuse to dive without fear of penalty if s/he feels the conditions are unsafe or unfavorable **OR** the dive violates the precepts of their training **OR** the regulations of the USF Diving Safety Program.
- It is the responsibility of each diver to terminate the dive, without fear of penalty, whenever s/he feels it is unsafe to continue the dive, unless it compromises the safety of another diver already in the water.
- All Dive plans **MUST** be based on the competency of the least experienced diver.
- All Divers-in-training must be buddied with a Scientific Diver.
- **Absolutely No Solo Diving is allowed.**
- Depth certification levels may be extended only to the next deepest certification level and only if the diver with the limiting depth certification level is buddied with a diver certified to the deeper depth level.
- For all diving conducted under hazardous conditions a plan must be formulated to deal with such conditions.
- A Dive Profile **MUST** be completed for each proposed dive.(copy forms as needed)
- If dives are to be conducted from vessels, a Float Plan must also be completed.

An Emergency Plan **MUST** be completed for each expedition including the following: emergency contact information (including name, relation and telephone number) for each diver, nearest recompression chamber, nearest accessible hospital and anticipated means of transportation.

## DIVE PLAN

**Diving Roster**  
Name

Level

Depth Certification

1.	_____	Lead Diver-Scientific Diver	_____ fsw
2.	_____	_____	_____ fsw
3.	_____	_____	_____ fsw
4.	_____	_____	_____ fsw
5.	_____	_____	_____ fsw
6.	_____	_____	_____ fsw
7.	_____	_____	_____ fsw
8.	_____	_____	_____ fsw
9.	_____	_____	_____ fsw
10.	_____	_____	_____ fsw

**Any Non-FAU Personnel:** \_\_\_\_\_  
(include parent organization or auspices)

**Purpose of Dives:** \_\_\_\_\_

**Operational Plan**

**Maximum Depth:** \_\_\_\_\_ ft      **Number of dives/diver/day:** \_\_\_\_\_

**Dive Tables and/or dive computers to be used:** \_\_\_\_\_

**Decompression schedules and repetitive dive plans:** \_\_\_\_\_  
(use dive profile worksheet for detailed plan)

**Diving work plans:** \_\_\_\_\_  
(attach detailed explanation if necessary)

**Specialty dives if planned:** \_\_\_\_\_  
(see DBSM Section 11.00)

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**Nitrox, or mixed gases:** \_\_\_\_\_  
(include percentages)

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**Tools or Specialized Equipment Used:** \_\_\_\_\_  
(diving sleds, scooters, drills, surface supply, hookah, tethers, etc.)

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**Dive Site**

**Name of Boat or Vessel:** \_\_\_\_\_ **Reg. #:** \_\_\_\_\_  
 FAU                       Charter                       Personnel                       Other

**Beach or Other Site:** \_\_\_\_\_

**Safety Considerations**

**Any Hazardous Conditions Anticipated:** \_\_\_\_\_  
(ie: Cold water, night diving, extreme currents, extreme depths)

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**Safety Precautions:** (ie: Chase vessel, dry suits) \_\_\_\_\_

- First-Aid Kit
  - Emergency Oxygen Resuscitator \_\_\_\_\_
  - Dive flag
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**International Travel**

**Contacts in country:** \_\_\_\_\_  
(include name and phone number)

**U. S. Consulate or Embassy:** \_\_\_\_\_  
(include phone, fax, address)

**For International Travel:** Attach a copy of all itineraries including flight times and accommodations with contact information which will be utilized.

## DIVE PROFILE WORKSHEET

**Date:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Dive No.:** \_\_\_\_\_

Note: Use one sheet per dive profile.

**Lead Diver :** \_\_\_\_\_

**Buddy Team 1:** \_\_\_\_\_ & \_\_\_\_\_  
**Buddy Team 2:** \_\_\_\_\_ & \_\_\_\_\_  
**Buddy Team 3:** \_\_\_\_\_ & \_\_\_\_\_  
**Buddy Team 4:** \_\_\_\_\_ & \_\_\_\_\_  
**Buddy Team 5:** \_\_\_\_\_ & \_\_\_\_\_

Weather: \_\_\_\_\_  
 Seas: \_\_\_\_\_  
 Current: \_\_\_\_\_  
 Visibility: \_\_\_\_\_  
 Temperature: \_\_\_\_\_  
 Substrate: \_\_\_\_\_

SI=\_\_\_\_ RG \_\_\_\_ RG \_\_\_\_

Depth \_\_\_\_\_ | \_\_\_\_\_ | Safety stop \_\_\_\_\_ min

No-D \_\_\_\_\_ | \_\_\_\_\_ |

**Gas used:** Limit \_\_\_\_\_ | \_\_\_\_\_ | Time in: \_\_\_\_\_

Air RNT= \_\_\_\_\_ Time out: \_\_\_\_\_

Nitrox \_\_\_\_\_ % O<sub>2</sub> ABT= \_\_\_\_\_

Water Temp \_\_\_\_\_

TBT= \_\_\_\_\_

Multi-level			
DEPTH FT			
NO-D LIMIT MIN.			
BOTTOM TIME MIN.			
EFFECTIVE B.T. MIN.			
REPETITIVE GROUP			
DECOMPRESSION DEPTH	30 ft	20 ft	10 ft
DECOMPRESSION TIME			

EBT = BT + RESIDUAL NITROGEN TIME (RAT)  
 =BT X RF (DCIEM)

Multi-level EBT = BT + RAT

If any Multi-level EBT equals the No-D limits, a 5 minute safety stop at 10 feet is required.

### Safety Dive Profile Planning

PLANNED DEPTH = PD		NO-D LIMIT		Use this table to plan contingency depths and times in the event planned depth or planned time profiles are exceeded.
PD				
*PD + 10FT				
PD + 20FT				

PLANNED TIME= PT	PT + 5MIN	NEW PT	DECO 30'	DECO 20'	DECO 10'
PT					
PT					
PT					

\* Multi-level dive planning-substitute 2<sup>nd</sup> and 3<sup>rd</sup> depth for PD+10 and PD+20, respectively.

\*\*\* USE ADDITIONAL SHEETS AS NEEDED \*\*\*

## LEAD DIVER CHECKSHEET

(complete prior to departing to dive site)

It is the responsibility of the Lead Diver to assure that each of the following items has been checked and that all divers have all required gear.

### Administrative

- Dive Plan Signed by DSO
- Emergency Response Plan Completed
- Dive Tables Available
- Float Plan if Diving from Vessel

### Dive Support

- First Aid Kit
- Oxygen Resuscitator
- Dive Flag
- Radio or Cell Phone
- Down Line
- Tag Line and Float

### All Divers Have:

- Regulator
- Octopus Regulator
- High Pressure
- Gauge
- Depth Gauge
- Mask
- Fins
- Snorkel
- Buoyancy Compensator
- Scuba Tank
- Scuba Tank Backpack
- Knife
- Weights and/or Weight Belt
- Compass
- Whistle
- Inflatable Emergency  
Tube (Diver's Sausage)

### Comments:

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Lead Diver Print Name

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Date

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Signature

## DIVING ACCIDENT EMERGENCY MANAGEMENT PLAN

A diving accident victim is any person who has been breathing air underwater regardless of depth. It is essential that emergency procedures are pre-planned and that medical treatment is initiated as soon as possible. It is the responsibility of the expedition's Dive master to develop procedures for such emergencies including evacuation and medical treatment for each dive location.

### General Procedures:

Depending on and according to the nature of the diving accident, stabilize the patient, administer 100% oxygen, and initiate the local Emergency Medical System (EMS) for transport to nearest medical facility. Explain the circumstances of the dive incident to the evacuation team, medics and physicians. Do NOT assume that they understand why 100% Oxygen may be required for the diving accident victim or that recompression treatment may be necessary. If time allows, complete some or of the CALL-IN DATA SHEET.

1. **Rescue victim and/or position so the proper procedures may be initiated.**
2. **Establish (A)irway, (B)reathing and (C)irculation as required.**
3. **Administer 100% oxygen, if appropriate (in cases of Decompression Illness or Near Drowning).**
4. **Activate the local EMS for transport to the nearest appropriate medical facility. (the local EMS will vary from site to site – it must be stated in dive plan)**
5. **Contact the Diver's Alert Network as deemed necessary.**
6. **Contact Diving Safety Officer (DSO) and Emergency Contact Person, as deemed necessary.**
7. **Complete and submit Incident Report Form (in manual) to DSO.**

Expedition Emergency Contact Numbers:

- United States Coast Guard – Channel 16 on Marine VHF Radio
- Local EMS telephone number - \_\_\_\_\_  
(Appendix 7)

Nearest Medical Treatment Facility to Dive Site:

- Location: \_\_\_\_\_
- Telephone: \_\_\_\_\_  
(Appendix 7)

Nearest Recompression Facility to Dive Site:

- Location: \_\_\_\_\_
- Telephone: \_\_\_\_\_  
(Appendix 7)

Diver's Alert Network (DAN):

- **1-919-684-9111 or 1-800-446-2671**

24 hour medical advise—if necessary call collect and state “I have a Medical Emergency”—Use to locate closest recompression chamber or physician consultations.

**EMERGENCY CONTACT INFORMATION FOR EACH DIVER**

Diver: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_

Work Telephone: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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Diver: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_

Work Telephone: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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Diver: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_

Work Telephone: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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Diver: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_

Work Telephone: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**\*\*\* USE ADDITIONAL SHEETS AS NEEDED \*\*\***

## DIVE PLAN APPROVAL

I certify that this dive plan has been completed in compliance with the Florida Atlantic University Diving/ Boating Safety Subcommittee policies and procedures as well as 29 CFR 1910.401. I further certify that all information provided in this plan is true and correct to the best of my knowledge.

All dive plans should be returned to the Diving Safety Officer, or designee within one week following completion of the planned dives(s).

Principle Investigator: \_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Dive Team Leader: \_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

### For EH&S Use Only

Dive Plan reviewed by: \_\_\_\_\_  
(print name)

\_\_\_\_\_  
(title)

Approved:  Yes  No

Date: \_\_\_\_\_

\_\_\_\_\_  
(Signature)