

**FOR EH&S USE ONLY**

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

**Project ID#** \_\_\_\_\_

**Appendix E**  
**Dive Plan Submittal Form**  
**Florida Atlantic University**  
**Diving Safety Program**

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

**Dive Platform Name:** \_\_\_\_\_

(Vessel, lab, or shore)

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

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

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

**Proposed No. of Dives:** \_\_\_\_\_

(Profile each dive)

**Proposed No. of Divers:** \_\_\_\_\_

(List each diver on info. Sheet)

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

\_\_\_\_\_  
\_\_\_\_\_

**Tools and Equipment Used** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Any Hazardous Conditions Anticipated** \_\_\_\_\_

(ie: Cold water, night diving, extreme currents, extreme depths)

\_\_\_\_\_  
\_\_\_\_\_

**Safety Precautions:** \_\_\_\_\_

(ie: Oxygen, chase vessel, dry suits)

\_\_\_\_\_

## 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

## General Dive Plan Considerations

Divers have the right to refuse to dive without fear of penalty if they feel the conditions are unsafe or unfavorable **OR** the dive violates the precepts of their training **OR** the requirements of the FAU Diving Safety Program.

It is the responsibility of each diver to terminate the dive, without fear of penalty, whenever 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)

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.

# 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 Lead Diver 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.

- **Rescue victim and/or position so the proper procedures may be initiated.**
- **Establish (A)irway, (B)reathing and (C)irculation as required.**
- **Administer 100% oxygen, if appropriate (in cases of Decompression Illness or Near Drowning).**
- **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)**
- **Contact the Diver's Alert Network as deemed necessary.**
- **Contact Diving Safety Officer (DSO), at (561) 297-3129 and Emergency Contact Person, as deemed necessary.**

## Expedition Emergency Contact Numbers:

United States Coast Guard – Channel 16 on Marine VHF Radio

Local EMS telephone number - \_\_\_\_\_

## Nearest Medical Treatment Facility to Dive Site:

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

Telephone: \_\_\_\_\_

## Nearest Recompression Facility to Dive Site:

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

Telephone: \_\_\_\_\_

## Diver's Alert Network (DAN):

**1-919-684-8111 or 1-800-326-3822**

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



## Diver Emergency Contact Information

Diver: \_\_\_\_\_ Diver No. \_\_  
Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_  
Work Telephone: \_\_\_\_\_ Home Telephone: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Diver: \_\_\_\_\_ Diver No. \_\_  
Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_  
Work Telephone: \_\_\_\_\_ Home Telephone: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_  
Work Telephone: \_\_\_\_\_ Home Telephone: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Dive Plan Approval

I certify that this dive plan has been completed in compliance with the Florida Atlantic University Diving and Boating Safety Manual. I further certify that all information provided in this plan is true and correct to the best of my knowledge.

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

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

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

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

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

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

### For DSO/DBSC Use Only

Dive Plan reviewed by: \_\_\_\_\_ Dive Plan # \_\_\_\_\_

Approved:  Yes  No Date: \_\_\_\_\_

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

