DIVE PLAN SUBMITTAL FORM
University of South Florida
Diving Safety Program – William Dent – PED 214

Date Submitted: ________________  Project ID Number: ________________

Proposed Expedition Dates: __________ through ________________

Dive Platform Name: ____________________________________________

(vessel, lab or shore)

General Dive Site Location: ______________________________________

(ie: off Key Largo, off Clearwater)

Dive Plan Submitted By: _______________________________________

Principal Investigator: ___________________  Lead Diver: ____________

Proposed No. of Dives: _______  Proposed No. of Divers: ___________

(profile each dive on separate sheet)  (List each diver with specifics on back)

Work Proposed:

______________________________________________________________

______________________________________________________________

Tools/Equipment Used: _______________________________________

________________________________________________________________

Any Hazardous Conditions Anticipated:

(ie: cold water, extreme currents, extreme depths, low visibility)

________________________________________________________________

________________________________________________________________

Safety Precautions:

(ie: oxygen, chase vessel, dry suits)

________________________________________________________________

________________________________________________________________

*** over ***
Diving Roster:

<table>
<thead>
<tr>
<th>Name</th>
<th>Level</th>
<th>Depth Certification</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1.</td>
<td>Lead Diver-Scientific Diver</td>
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<td>2.</td>
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1.00 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)
- 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 Divemaster 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.

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 - 

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.
# DIVE PROFILES

<table>
<thead>
<tr>
<th>Dive No.</th>
<th>Location:</th>
<th>Buddy Team 1:</th>
<th>Buddy Team 2:</th>
<th>Buddy Team 3:</th>
<th>Buddy Team 4:</th>
<th>Buddy Team 5:</th>
</tr>
</thead>
<tbody>
<tr>
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SI= _______  RG __  RG __  

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<thead>
<tr>
<th></th>
<th>Safety stop</th>
<th>min</th>
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<tbody>
<tr>
<td>Depth _____</td>
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**Gas used:**

<table>
<thead>
<tr>
<th>Gas</th>
<th>Time in:</th>
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</thead>
<tbody>
<tr>
<td>Air</td>
<td></td>
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<tr>
<td>Nitrox</td>
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</table>

<table>
<thead>
<tr>
<th>% O2</th>
<th>RNT=</th>
<th>ABT=</th>
<th>TBT=</th>
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<th>Dive No.</th>
<th>Location:</th>
<th>Buddy Team 1:</th>
<th>Buddy Team 2:</th>
<th>Buddy Team 3:</th>
<th>Buddy Team 4:</th>
<th>Buddy Team 5:</th>
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<th>TBT=</th>
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</thead>
</table>
Dive No.: 3  Location: ____________________________
Buddy Team 1: ____________________ & ____________________
Buddy Team 2: ____________________ & ____________________
Buddy Team 3: ____________________ & ____________________
Buddy Team 4: ____________________ & ____________________
Buddy Team 5: ____________________ & ____________________

SI=______  RG __  RG __

________________________  Safety stop __________

Depth _____

Gas used:
Air _______  RNT= __________  Time In: _________
Nitrox _____ % O2  ABT= __________

TBT= __________

************************************************************

Dive No.: 4  Location: ____________________________
Buddy Team 1: ____________________ & ____________________
Buddy Team 2: ____________________ & ____________________
Buddy Team 3: ____________________ & ____________________
Buddy Team 4: ____________________ & ____________________
Buddy Team 5: ____________________ & ____________________

SI=______  RG __  RG __

________________________  Safety stop __________

Depth _____

Gas used:
Air _______  RNT= __________  Time In: _________
Nitrox _____ % O2  ABT= __________

TBT= __________

****************************************************************************

*** USE ADDITIONAL SHEETS AS NEEDED ***
<table>
<thead>
<tr>
<th>Diver No.</th>
<th>Emergency Contact</th>
<th>Relation</th>
<th>Work Telephone</th>
<th>Home Telephone</th>
<th>Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
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</table>
Emergency Contact Information for Each Diver

Diver No. 5: 

Emergency Contact: ............................................. Relation: ............................

Work Telephone: .......................... Home Telephone: ..........................

Street Address: .............................................................

City: ........................................................... State: ............. Zip: .............

Diver No. 6: 

Emergency Contact: ............................................. Relation: ............................

Work Telephone: .......................... Home Telephone: ..........................

Street Address: .............................................................

City: ........................................................... State: ............. Zip: .............

Diver No. 7: 

Emergency Contact: ............................................. Relation: ............................

Work Telephone: .......................... Home Telephone: ..........................

Street Address: .............................................................

City: ........................................................... State: ............. Zip: .............

Diver No. 8: 

Emergency Contact: ............................................. Relation: ............................

Work Telephone: .......................... Home Telephone: ..........................

Street Address: .............................................................

City: ........................................................... State: ............. Zip: .............
Diver No. 9:

Emergency Contact: ______________________ Relation: ____________
Work Telephone: ________________ Home Telephone: ________________
Street Address: __________________________________________________
City: ___________________________ State: ___________ Zip: ____________

Diver No. 10:

Emergency Contact: ______________________ Relation: ____________
Work Telephone: ________________ Home Telephone: ________________
Street Address: __________________________________________________
City: ___________________________ State: ___________ Zip: ____________

Diver No. 11:

Emergency Contact: ______________________ Relation: ____________
Work Telephone: ________________ Home Telephone: ________________
Street Address: __________________________________________________
City: ___________________________ State: ___________ Zip: ____________

Diver No. 12:

Emergency Contact: ______________________ Relation: ____________
Work Telephone: ________________ Home Telephone: ________________
Street Address: __________________________________________________
City: ___________________________ State: ___________ Zip: ____________