University of South Florida

Diving Safety Program – Ben Meister- bmeister@usf.edu – PED 214

Dive Plan

Date Submitted:_____

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)   (List each diver)

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)

_____

_____

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

- 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 (add'l 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.

Additional Dive Plan Info:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Type of tables/version used:_____

DIVE PROFILES

Dive No.: 1 Date_____ Location: _____
Buddy Team 1: _____ & _____
Buddy Team 2: _____ & _____
Buddy Team 3: _____ & _____
Buddy Team 4: _____ & _____
Buddy Team 5: _____ & _____

SI=_____   RG ___   RG ___

                                                    | Safety stop ___ min
              Depth ____ | |
Gas used: | |
                          |_____| Time in: _____
Air _____
              RNT= _____   Time out: _____
Nitrox _____ % O2   ABT= _____

              TBT= _____

Dive No.: 2   Date_____   Location: _____

Buddy Team 1: _____   &   _____
Buddy Team 2: _____   &   _____
Buddy Team 3: _____   &   _____
Buddy Team 4: _____   &   _____
Buddy Team 5: _____   &   _____

SI=_____   RG __   RG __

      _____   _____
                     | _____| Safety stop __min
        Depth _____ | |
Gas used: | |
                     |_____| Time in: _____

Air _____
              RNT= _____   Time out: _____

Nitrox _____ % O2   ABT= _____

              TBT= _____

****

Dive No.: 3   Date_____   Location: _____

Buddy Team 1: _____   &   _____
Buddy Team 2: _____   &   _____
Buddy Team 3: _____   &   _____
Buddy Team 4: _____   &   _____
Buddy Team 5: _____   &   _____

SI=_____   RG __   RG __

      _____   _____
                     | _____| Safety stop __min
        Depth _____ | |
Gas used: | |
                     |_____| Time in: _____

Air _____
              RNT= _____   Time out: _____

Nitrox _____ % O2   ABT= _____

              TBT= _____

Dive No.: 4 Date_____   Location: _____

Buddy Team 1: _____ & _____
Buddy Team 2: _____ & _____
Buddy Team 3: _____ & _____
Buddy Team 4: _____ & _____
Buddy Team 5: _____ & _____

SI=_____   RG ___   RG ___

Depth _____

Gas used:

Air _____

Nitrox _____ % O2

RNT= _____

ABT= _____

TBT= _____

| Safety stop ___ min

Time in: _____

Time out: _____

****

Dive No.: 5 Date_____   Location: _____

Buddy Team 1: _____ & _____
Buddy Team 2: _____ & _____
Buddy Team 3: _____ & _____
Buddy Team 4: _____ & _____
Buddy Team 5: _____ & _____

SI=_____   RG ___   RG ___

Depth _____

Gas used:

Air _____

Nitrox _____ % O2

RNT= _____

ABT= _____

TBT= _____

| Safety stop ___ min

Time in: _____

Time out: _____

* Use additional sheets as needed-found at bottom*

Emergency Contact Information for Each Diver

Diver: _____   Diver No. 1

Emergency Contact: _____ Relation: _____

Work Telephone: _____Home Telephone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

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Diver: _____   Diver No. 2

Emergency Contact: _____ Relation: _____

Work Telephone: _____Home Telephone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

• •

Diver: _____   Diver No. 3

Emergency Contact: _____ Relation: _____

Work Telephone: _____Home Telephone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

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Diver: _____   Diver No. 4

Emergency Contact: _____ Relation: _____

Work Telephone: _____Home Telephone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Emergency Contact Information for Each Diver

Diver: _____   Diver No. 5

Emergency Contact: _____ Relation: _____

Work Telephone: _____Home Telephone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

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Diver: _____   Diver No. 6

Emergency Contact: _____ Relation: _____

Work Telephone: _____Home Telephone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

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Diver: _____   Diver No. 7

Emergency Contact: _____ Relation: _____

Work Telephone: _____Home Telephone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

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Diver: _____   Diver No. 8

Emergency Contact: _____ Relation: _____

Work Telephone: _____Home Telephone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Diver: _____   Diver No. 9

Emergency Contact: _____   Relation: _____

Work Telephone: _____Home Telephone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

•••

Diver: _____   Diver No. 10

Emergency Contact: _____   Relation: _____

Work Telephone: _____Home Telephone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

•••

Diver: _____   Diver No. 11

Emergency Contact: _____   Relation: _____

Work Telephone: _____Home Telephone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

•••

Diver: _____   Diver No. 12

Emergency Contact: _____   Relation: _____

Work Telephone: _____Home Telephone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Dive No.: 6 Date_____   Location: _____

Buddy Team 1: _____ & _____
Buddy Team 2: _____ & _____
Buddy Team 3: _____ & _____
Buddy Team 4: _____ & _____
Buddy Team 5: _____ & _____

SI=_____   RG __   RG __

                    _____   _____
                               | _____| Safety stop __min
              Depth _____ | |
Gas used: | |
                               |_____| Time in: _____
Air _____
                        RNT= _____   Time out: _____
Nitrox _____ % O2   ABT= _____

              _____
                        TBT= _____

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Dive No.: 7 Date_____ Location: _____

Buddy Team 1: _____ & _____
Buddy Team 2: _____ & _____
Buddy Team 3: _____ & _____
Buddy Team 4: _____ & _____
Buddy Team 5: _____ & _____

SI=_____   RG __   RG __

                    _____   _____
                               | _____| Safety stop __min
              Depth _____ | |
Gas used: | |
                               |_____| Time in: _____
Air _____
                        RNT= _____   Time out: _____
Nitrox _____ % O2   ABT= _____

              _____
                        TBT= _____

Dive No.: 8   Date_____   Location: _____

Buddy Team 1: _____   &   _____
Buddy Team 2: _____   &   _____
Buddy Team 3: _____   &   _____
Buddy Team 4: _____   &   _____
Buddy Team 5: _____   &   _____

SI=_____   RG ___   RG ___

      _____
                  | _____ | Safety stop ___ min
        Depth _____ | |
Gas used: | |
                  |_____| Time in: _____
Air _____
                RNT= _____   Time out: _____
Nitrox _____ % O2   ABT= _____

                TBT= _____

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Dive No.: 9 Date_____   Location: _____

Buddy Team 1: _____   &   _____
Buddy Team 2: _____   &   _____
Buddy Team 3: _____   &   _____
Buddy Team 4: _____   &   _____
Buddy Team 5: _____   &   _____

SI=_____   RG ___   RG ___

      _____
                  | _____ | Safety stop ___ min
        Depth _____ | |
Gas used: | |
                  |_____| Time in: _____
Air _____
                RNT= _____   Time out: _____
Nitrox _____ % O2   ABT= _____

                TBT= _____