

University of South Florida
Diving Safety Program Ben Meister bmeister@usf.edu- PED 214

Dive Plan

_____ (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 dive) _____
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 DiverScientific Diver	fsw
2. _____	_____	fsw
3. _____	_____	fsw
4. _____	_____	fsw
5. _____	_____	fsw
6. _____	_____	fsw
7. _____	_____	fsw
8. _____	_____	fsw
9. _____	_____	fsw
10. _____	_____	fsw

0

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 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

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

SI= _____ RG _____ RG _____

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

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

Emergency Contact Information for Each Diver

Diver:

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 _____

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

Dive No.: 7 Date _____ Location: _____
 Buddy Team 1: _____ & _____
 Buddy Team 2: _____ & _____
 Buddy Team 3: _____ & _____
 Buddy Team 4: _____ & _____
 Buddy Team 5: _____ & _____

SI= _____ RG _____ RG _____

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

|
h

_____| Safety stop _____ min