DIVE PLAN SUBMITTAL FORM

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: ______________ Proposed No. of Divers: ______________

(Preference each dive if different) (List each diver on info. sheet)

Will this Plan Involve:

☐ Boats or larger vessels ☐ Flying after diving
☐ Multiple days of diving ☐ International travel
☐ Decompression diving ☐ Non-FIU personnel
☐ 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 FIU 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.
DIVING ROSTER

Diver Name  | Level  | Depth Rating
(Scientific Diver, Diver in Training, etc.)

1. ___________________________ / ___________________________ / fsw
2. ___________________________ / ___________________________ / fsw
3. ___________________________ / ___________________________ / fsw
4. ___________________________ / ___________________________ / fsw
5. ___________________________ / ___________________________ / fsw
6. ___________________________ / ___________________________ / fsw

Any Non-FIU Personnel (input yes or no): LOR: ____ Waiver: ____ Volunteer Review: ___
(list individuals and parent organization or auspices below)

1. ___________________________ / ___________________________ / ___
   Name                                      Organization

2. ___________________________ / ___________________________ / ___
   Name                                      Organization

OPERATIONAL PLAN

Overall Dive Site/Location (i.e. FKNMS Upper Keys): ______________________________________

Purpose of Dives: ________________________________________________________________

Maximum Depth: ___________ Number of dives/diver/day: _________________________

Dive equipment and breathing media to be used: ________________________________

Diving work plans: ____________________________________________________________

<table>
<thead>
<tr>
<th>DIVE #</th>
<th>LOCATION</th>
<th>LATITUDE</th>
<th>LONGITUDE</th>
<th>DEPTH</th>
<th>TIME</th>
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</table>

(If more sites are planned, add additional lines to table as needed)
GEAR REQUEST | QUANTITY | COMMENTS
--- | --- | ---
SCUBA CYLINDERS |  |  
REGULATORS |  |  
BOUYANCY COMPENSATORS  
(specify sizes in comments) |  |  
OXYGEN KIT |  |  

Pickup Date: ___________ Campus: ___________ Time: ___________

Tools or Specialized Equipment Used: ________________________________

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DIVING PLATFORM

Platform Type (boat, beach, lake, etc): ________________________________

Name of Boat or Vessel (if applicable): _______________ Reg. #: ___________

FIU Qualified Boat Captain: ___________ FIU Boat Crew 1: ___________
FIU Boat Crew 2: ___________

DIVE SITE SAFETY CONSIDERATIONS

Any Hazardous Conditions Anticipated: ________________________________

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

Safety Precautions:
- [] First-Aid Kit
- [] Emergency Oxygen
- [] Resuscitator
- [] Dive flag
- [] EPIRB

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.
FIU 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.

<table>
<thead>
<tr>
<th>Administrative:</th>
<th>Dive Support:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Dive Plan Signed by DSO</td>
<td>□ First Aid Kit</td>
</tr>
<tr>
<td>□ Emergency Response Plan</td>
<td>□ Oxygen Resuscitator</td>
</tr>
<tr>
<td>□ Dive Tables Available</td>
<td>□ Dive Flag</td>
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<tr>
<td>□ Float Plan if Diving from Vessel</td>
<td>□ Radio or Cell Phone</td>
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<tr>
<td></td>
<td>□ Down Line</td>
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<tr>
<td></td>
<td>□ Tag Line and Float</td>
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<table>
<thead>
<tr>
<th>All Divers Have:</th>
<th>Boat Federally Required Equipment:</th>
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<tbody>
<tr>
<td>□ Regulator</td>
<td>□ Lifejacket/person</td>
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<tr>
<td>□ Octopus Regulator</td>
<td>□ Type IV Throwable</td>
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<tr>
<td>□ High Pressure Gauge</td>
<td>□ Fire Extinguisher</td>
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<tr>
<td>□ Depth Gauge</td>
<td>□ Day/Night VDS</td>
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<tr>
<td>□ Computer or Bottom Timer</td>
<td>□ Sound Producing Device</td>
</tr>
<tr>
<td>□ Mask</td>
<td>□ Working Navigation Lights</td>
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<td>□ Fins</td>
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<tr>
<td>□ Snorkel</td>
<td></td>
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<tr>
<td>□ Buoyancy Compensator</td>
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<tr>
<td>□ Scuba Tank</td>
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<tr>
<td>□ Knife</td>
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<tr>
<td>□ Weights and/or Weight Belt</td>
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<tr>
<td>□ Compass</td>
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<tr>
<td>□ Whistle</td>
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</table>

Comments:____________________________________________________________________
____________________________________________________________________________

____________________________________________________________________________

(Lead Diver Print Name)

____________________________________________________________________________

(Signature) (Date)
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 follow procedures for such emergencies including evacuation and medical treatment for each dive location, as specified in the FIU Dive Safety Manual.

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 all of the CALL-IN DATA SHEET.

1. Rescue victim and/or position so the proper procedures may be initiated.
2. Establish (C) 30 Compressions (A) Airway (B) 2 Breaths
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 – 911
- Dive Safety Officer: (Roger Garcia) (305) 509-2523
- Assistant Dive Safety Officer: (Liz McNamee) (508) 837-4818

Nearest Medical Treatment Facility to Dive Site:
(i.e. Fisherman’s Hospital, 3301 Overseas Hwy, Marathon, FL 33050; Phone (305) 743-5533)

Nearest Recompression Facility to Dive Site:
(i.e. Mariners Hospital, 91500 Overseas Hwy., Tavernier, FL 33070; Emergency Center Phone (305) 434-1600)

Diver’s Alert Network (DAN):
- 1-919-684-9111 or 1-800-446-2671
24 hour medical advice—if necessary call collect and state “I have a Medical Emergency”—Use to locate closest recompression chamber or physician consultations.

Revised January, 2017
EMERGENCY CONTACT INFORMATION FOR EACH DIVER

Diver: ____________________________________________________________

Emergency Contact: __________________________ Relation: ____________

Cell Telephone: ________________ Home Telephone: ________________

Street Address: __________________________________________________

City: __________________________ State: ______________ Zip: __________

Diver: ____________________________________________________________

Emergency Contact: __________________________ Relation: ____________

Cell Telephone: ________________ Home Telephone: ________________

Street Address: __________________________________________________

City: __________________________ State: ______________ Zip: __________

Diver: ____________________________________________________________

Emergency Contact: __________________________ Relation: ____________

Cell Telephone: ________________ Home Telephone: ________________

Street Address: __________________________________________________

City: __________________________ State: ______________ Zip: __________

Diver: ____________________________________________________________

Emergency Contact: __________________________ Relation: ____________

Cell 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 International University Diving / Boating Safety Boards 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 before completion of the planned dives(s).

Principle Investigator: ____________________________________________
(Print Name)

____________________________________
(Signature) (Date)

Dive Team Leader: ____________________________________________
(Print Name)

____________________________________
(Signature) (Date)

For EH&S Use Only

☐ Accept  Upon review of this dive plan, all participating faculty, staff, students, volunteers, visiting scientists or trainees have met the minimum qualifications to participate in the research mission and/or submitted documentation required of the FIU Dive Safety Manual which supports their involvement.
Comments: ____________________________

☐ Reject  Upon review of this dive plan, all participating faculty, staff, students, volunteers, visiting scientists or trainees have not met the minimum qualifications to participate in the research mission and/or have not submitted documentation required of the FIU Dive Safety Manual which supports their involvement.
Comments: ____________________________

Reviewed By: ____________________________________________
(Print name) (Title)

Diving Safety Officer: ____________________________________________
(Signature) (Date)

Revised January, 2017