



**DIVE SAFETY
OFFICE
RESEARCH
DIVE PLAN**

FOR EH&S USE ONLY

Date Submitted: _____

Grant/Project #: _____

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:** _____
(Profile each dive if different) (List each diver on info. sheet)

Will this Plan Involve:

- Boats or larger vessels
- Multiple days of diving
- Decompression diving
- Specialty diving
- Flying after diving
- International travel
- Non-FIU personnel

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.

GEAR REQUEST	QUANTITY	COMMENTS
SCUBA CYLINDERS		
REGULATORS		
BOUYANCY COMPENSATORS (specify sizes in comments)		
OXYGEN KIT		

Pickup Date: _____ Campus: _____ Time: _____

Tools or Specialized Equipment Used: _____

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.

Administrative:

- Dive Plan Signed by DSO
- Emergency Response Plan
- Dive Tables Available
- Float Plan if Diving from Vessel

Dive Support:

- First Aid Kit
- Oxygen Resuscitator
- Dive Flag
- Radio or Cell Phone
- Down Line
- Tag Line and Float

All Divers Have:

- Regulator
- Octopus Regulator
- High Pressure Gauge
- Depth Gauge
- Computer or Bottom Timer
- Mask
- Fins
- Snorkel
- Buoyancy Compensator
- Scuba Tank
- Knife
- Weights and/or Weight Belt
- Compass
- Whistle

Boat Federally Required Equipment:

- Lifejacket/person
- Type IV Throwable
- Fire Extinguisher
- Day/Night VDS
- Sound Producing Device
- Working Navigation Lights

Boat FIU Required Equipment:

- Emergency O2 Kit
- First Aid Kit
- Marine Radio
- Anchor, Chain, 200' Line
- EPIRB or Tracking System
- Bailer, GPS, Dive Flag
- Spot Light, Boat Registration

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.

EMERGENCY CONTACT INFORMATION FOR EACH DIVER

Diver: _____

Emergency Contact: _____ Relation: _____

Cell Telephone: _____ Home Telephone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

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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)

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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)