

University System of Maryland (USM) Dive Plan Approval Form

To be submitted to the
USM Scientific Diving Safety Officer

Dive Plan

Date Submitted: _____

Proposed Expedition Dates: _____ **through** _____

Dive Platform Name: _____

(vessel, lab or shore)

General Dive Site Location: _____

(ie: off Ocean City, off Severn)

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)

Estimated Depths: _____ **Estimated bottom time:** _____

Estimated completion time and time out of water: _____

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:

	Name	Level	Depth Certification
1.	_____	_____	fsw
2.	_____	_____	fsw
3.	_____	_____	fsw
4.	_____	_____	fsw
5.	_____	_____	fsw
6.	_____	_____	fsw
7.	_____	_____	fsw
8.	_____	_____	fsw
9.	_____	_____	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 USM 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.

All divers must be back to the vessel (or shore) with no less than 300 PSI (500 PSI recommended).

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 gas 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 Lead Diver 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 telephone number - _____

Nearest Medical Treatment Facility to Dive Site:

- Location: _____
- Method of Transportation: _____
- Telephone: _____

Nearest Recompression Facility to Dive Site:

- Location: _____
- Method of Transportation: _____
- Telephone: _____

Diver's Alert Network (DAN):

- 1-919-684-9111 or 1-800-326-3822**
- 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: _____ 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: _____

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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: _____

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: _____