LUMCON DIVE INCIDENT REPORT FORM

See attached definitions before filling out form

DIVER INFORMATION

Name __________________________________________ Age ________ Sex ________

Relevant medical history _______________________________________________________

Incident type (barotrauma, hyperbaric, hypoxia, etc) ___________________________________

Incident severity (minor, moderate, severe) _________________________________________

Will a Workman’s Compensation claim be filed _______________________________________

DIVING INFORMATION

Date of incident __________________________

Purpose of dive (research or training) _______________

Diving mode (SCUBA, hookah, rebreather) ____________

Gas (Air, Nitrox, mixed gas) __________

Planning (tables, computer, PC) _______ Depth _________ Bottom time __________

Specialized environment (overhead, aquarium, decompression, etc) _______________________

Site access (shore, boat) ________ Name of vessel _____________________________________

Position (GPS, Loran, or Dive Site) _________________________________________________

Repetitive dive (Yes/No) __________

Surface interval ______ Previous dive depth _____ Previous bottom time ______

How long after dive did symptoms appear ___________________________________________

Does buddy have symptoms (Yes/No) _________

If you chose “Other” as the “Incident Type”, please describe briefly:
Describe the circumstances surrounding this incident:

Describe treatment provided and results:

Recommendation to avoid repetition of incident:
DEFINITIONS

Please use these definitions when filling out dive logs and accident reports (modified from www.aaus.org)

Dive: A decent into water, an underwater diving activity utilizing compressed gas, an ascent/return to the surface, and a surface interval of greater than ten minutes. (minimum depth = 15 fsw). Dives will not be differentiated as openwater or confined water dives. But openwater and confined water dives will be logged and submitted for AAUS statistics classified as either scientific or training/proficiency.

Dive Time in Minutes: the surface to surface time including any safety or required decompression stops.

"Diver Logging a Dive": A person who is diving under the auspices of your scientific diving organization. Dives logged by divers from another AAUS Organization will be reported with the divers home organization. Only a diver who has actually logged a dive during the reporting period is counted under this category.

Incident: injury or accident occurring during, or resulting from, a dive where the diver is breathing a compressed gas will be submitted to AAUS.

Dive Classification

Scientific Dives: Dives that meet the scientific diving exemption as defined in 29 CFR 1910.402. Diving tasks traditionally associated with a specific scientific discipline are considered a scientific dive. Construction and trouble-shooting tasks traditionally associated with commercial diving are not considered a scientific dive.

Training and Proficiency Dives: Dives performed as part of a scientific diver training program, or dives performed in maintenance of a scientific diving certification/authorization.

Depth Ranges

Depth ranges for sorting logged dives are 0-30, 31-60, 61-100, 101-130, 131-150, 151-190, and 191->. Depths are in feet seawater. A dive is logged to the maximum depth reached during the dive.

Breathing Gas

Air: Dives where the bottom gas used for the dive is air.

Nitrox: Dives where the bottom gas used for the dive is a combination of nitrogen and oxygen other than air.

Mixed Gas: Dives where the bottom gas used for the dive is a combination of oxygen, nitrogen, and helium (or other gas), or any other breathing gas combination not classified as air or nitrox.
Diving Mode

**Open Circuit Scuba:** Dives where the breathing gas is inhaled from a self contained underwater breathing apparatus and all of the exhaled gas leaves the breathing loop.

**Surface Supplied:** Dives where the breathing gas is supplied from the surface by means of a pressurized umbilical hose. The umbilical generally consists of a gas supply hose, strength member, pneumofathometer hose, and communication line. The umbilical supplies a helmet or full-face mask. The diver may rely on the tender at the surface to keep up with the divers' depth, time and diving profile.

**Hookah:** While similar to Surface Supplied in that the breathing gas is supplied from the surface by means of a pressurized hose, the supply hose does not require a strength member, pneumofathometer hose, or communication line. Hookah equipment may be as simple as a long hose attached to a standard scuba cylinder supplying a standard scuba second stage. The diver is responsible for the monitoring his/her own depth, time, and diving profile.

**Rebreathers:** Dives where the breathing gas is repeatedly recycled in the breathing loop. The breathing loop may be fully closed or semi-closed. Note: A rebreather dive ending in an open circuit bailout is still logged as a rebreather dive.

Decompression Planning and Calculation Method

- **Dive Tables**
- **Dive Computer**
- **PC Based Decompression Software**

Specialized Environments

**Required Decompression:** Any dive where the diver exceeds the no-decompression limit of the decompression planning method being employed.

**Overhead Environments:** Any dive where the diver does not have direct access to the surface due to a physical obstruction.

**Blue Water Diving:** Openwater diving where the bottom is generally greater than 200 feet deep and requiring the use of multiple-tethered diving techniques.

**Ice and Polar Diving:** Any dive conducted under ice or in polar conditions. Note: An Ice Dive would also be classified as an Overhead Environment dive.

**Saturation Diving:** Excursion dives conducted as part of a saturation mission are to be logged by classification mode, gas, etc. The surface for these excursions is defined as leaving and surfacing within the Habitat. Time spent within the Habitat or chamber shall not be logged by AAUS.

**Aquarium:** A specialized environment designed for the housing, and/or exhibition of fish, etc. Not a swimming pool.
Incident Types

Hyperbaric: Decompression Sickness, AGE, or other barotrauma requiring recompression therapy.

Barotrauma: Barotrauma requiring medical attention from a physician or medical facility, but not requiring recompression therapy.

Injury: Any non-barotrauma injury accruing during a dive that requires medical attention from a physician or medical facility.

Illness: Any illness requiring medical attention that can be attributed to diving.

Near Drowning/Hypoxia: An incident where a person asphyxiates to the minimum point of unconsciousness during a dive involving a compressed gas. But the person recovers.

Hyperoxic/Oxygen Toxicity: An incident that can be attributed to the diver being exposed to too high a partial pressure of oxygen.

Hypercapnea: An incident that can be attributed to the diver being exposed to an excess of carbon dioxide.

Fatality: Any death accruing during a dive or resulting from the diving exposure.

Other: An incident that does not fit one of the listed incident types

Incident Classification Rating Scale

Minor: Injuries that the OM considers being minor in nature. Examples of this classification of incident would include, but not be limited to: Mask squeeze that produced discoloration of the eyes. Lacerations requiring medical attention but not involving moderate or severe bleeding. Other injuries that would not be expected to produce long term adverse effects on the diver’s health or diving status.

Moderate: Injuries that the OM considers being moderate in nature. Examples of this classification would include, but not be limited to: DCS symptoms that resolved with the administration of oxygen, hyperbaric treatment given as a precaution. DCS symptoms resolved with the first hyperbaric treatment. Broken bones. Torn ligaments or cartilage. Concussion. Ear barotrauma requiring surgical repair.

Serious: Injuries that the OM considers being serious in nature. Examples of this classification would include, but not be limited to: Arterial Gas Embolism. DCS symptoms requiring multiple hyperbaric treatment. Near drowning. Oxygen Toxicity. Hypercapnea. Spinal injuries. Heart attack. Fatality.