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: ____________

(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-LUMCON 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 LUMCON 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.
<table>
<thead>
<tr>
<th>Diving Roster Name</th>
<th>Level</th>
<th>Depth Certification</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. __________________</td>
<td>Lead Diver-Scientific Diver</td>
<td>fsw</td>
</tr>
<tr>
<td>2. __________________</td>
<td>___________________________</td>
<td>fsw</td>
</tr>
<tr>
<td>3. __________________</td>
<td>___________________________</td>
<td>fsw</td>
</tr>
<tr>
<td>4. __________________</td>
<td>___________________________</td>
<td>fsw</td>
</tr>
<tr>
<td>5. __________________</td>
<td>___________________________</td>
<td>fsw</td>
</tr>
<tr>
<td>6. __________________</td>
<td>___________________________</td>
<td>fsw</td>
</tr>
<tr>
<td>7. __________________</td>
<td>___________________________</td>
<td>fsw</td>
</tr>
<tr>
<td>8. __________________</td>
<td>___________________________</td>
<td>fsw</td>
</tr>
<tr>
<td>9. __________________</td>
<td>___________________________</td>
<td>fsw</td>
</tr>
<tr>
<td>10. __________________</td>
<td>___________________________</td>
<td>fsw</td>
</tr>
</tbody>
</table>

Any Non-LUMCON Personnel: ____________________________________________________
(Include parent organization or auspices)

Purpose of Dives: _______________________________________________________________

Operational Plan

Maximum Depth: ________ Ft  
Number of dives/diver/day: _____/_____/_____

Dive Tables and/or dive computers to be used: ________________________________

Decompression schedules and repetitive dive plans: ___________________________
(Use dive profile worksheet for detailed plan)

Diving work plans: ___________________________________________________________
(Attach detailed explanation if necessary)
Specialty dives if planned: ____________________________________________
(See DBSM Section 11.00)

Nitrox, or mixed gases: _____________________________________________
(Include percentages)

Tools or Specialized Equipment Used: ________________________________
(Diving sleds, scooters, drills, surface supply, hookah, tethers, etc.)

__________________________

Dive Site

Name of Boat or Vessel: ___________________________ Reg. #: ________________

☐ LUMCON ☐ Charter ☐ Personnel ☐ Other

Beach or Other Site: ________________________________________________

Safety Considerations

Any Hazardous Conditions Anticipated: _______________________________
(ie: Cold water, night diving, extreme currents, extreme depths)

__________________________

Safety Precautions: (i.e.: Chase vessel, dry suits) _______________________

☐ First-Aid Kit
☐ Emergency Oxygen Resuscitator
☐ Dive flag

International Travel

Contacts in country: ________________________________________________
(Include name and phone number)

U. S. Consulate or Embassy: __________________________________________
(Include phone, fax, and address)

For International Travel: Attach a copy of all itineraries including flight times and accommodations with contact information which will be utilized.
DIVE PROFILE WORKSHEET

Date: ________________  Location: ___________________  Dive No.: ____________

Note: Use one sheet per dive profile.

Lead Diver ____________________________

Buddy Team 1: _________________________ & _________________________
Buddy Team 2: _________________________ & _________________________
Buddy Team 3: _________________________ & _________________________
Buddy Team 4: _________________________ & _________________________
Buddy Team 5: _________________________ & _________________________

PLANNED DEPTH (PD)  NO – D LIMIT  PT + 5MIN  NEW NDL  DECOMPRESSSION TIME(S)  30’  20’  10’
PD + 10 ft.  |  |  |  |  |  |
PD + 20 ft.  |  |  |  |  |  |

Safety Dive Profile Planning

Use this table to plan contingency depths and times in the event planned depth or planned time profiles are exceeded.

| SL=_____ | RG_____ | RG_____ | Safety stop_____ min |
| Depth_____ | No-D Limit_____ | Safety stop_____ min |
| Gas used: | □ Air | RNT=__________ | Time in: ____________ |
| | □ Nitrox | % O2 | BT=__________ | Time out: ____________ |
| | | | TBT/EBT=__________ | |

Additional Comments:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

** USE ADDITIONAL SHEETS AS NEEDED ***
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 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. If time allows, complete some or of the CALL-IN DATA SHEET.

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 EMS telephone number - ____________________________
  (Appendix 7)

**Nearest Medical Treatment Facility to Dive Site:**
- Location: ____________________________
- Telephone: ____________________________
  (Appendix 7)

**Nearest Recompression Facility to Dive Site:**
- Location: ____________________________
- Telephone: ____________________________
  (Appendix 7)

**Diver’s Alert Network (DAN):**
- **EMERGENCY 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: ____________

Work Telephone:__________________ Home Telephone: ______________

Street Address: ________________________________

City:__________________________ State:_________ Zip: ___________

Diver: 

Emergency Contact:__________________ Relation: ____________

Work Telephone:__________________ Home Telephone: ______________

Street Address: ________________________________

City:__________________________ State:_________ Zip: ___________

Diver: 

Emergency Contact:__________________ Relation: ____________

Work Telephone:__________________ Home Telephone: ______________

Street Address: ________________________________

City:__________________________ State:_________ Zip: ___________

Diver: 

Emergency Contact:__________________ Relation: ____________

Work Telephone:__________________ Home Telephone: ______________

Street Address: ________________________________

City:__________________________ State:_________ Zip: ___________

*** USE ADDITIONAL SHEETS AS NEEDED ***
I certify that this dive plan has been completed in compliance with the LUMCON Diving Safety Subcommittee policies and procedures as promulgated in the current LUMCON Diving Safety Manual, 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 completed dive plans should be returned to the LUMCON Diving Safety Officer, or designee within one week following completion of the planned dives(s).

Principle Investigator: 
(Print Name) 
(Signature) 
(Date)

Dive Team Leader: 
(Print Name) 
(Signature) 
(Date)

For LUMCON Use Only

Approved:  □ Yes  □ No

Dive Plan reviewed by: 
(Print name) 
(Title)

Reviewer: 
(Signature) 
(Date)