



APPENDIX H
LOUISIANA UNIVERSITIES MARINE CONSORTIUM
DIVE PLAN

FOR LUMCON USE ONLY
Date Submitted: _____
Grant/ Project#: _____

DIVE PLAN SUBMITTAL FORM

DSO Signature _____

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-LUMCON 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 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.

DIVE PLAN

Diving Roster

Name	Level	Depth Certification
1. _____	Lead Diver-Scientific Diver	fsw
2. _____	_____	fsw
3. _____	_____	fsw
4. _____	_____	fsw
5. _____	_____	fsw
6. _____	_____	fsw
7. _____	_____	fsw
8. _____	_____	fsw
9. _____	_____	fsw
10. _____	_____	fsw

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: _____ & _____

Weather: _____
 Seas: _____
 Current: _____
 Visibility: _____
 Temperature: _____
 Substrate: _____

SI= _____ RG _____ RG _____

_____ | Safety stop _____ min

	Depth _____				
	No-D _____				
Gas used:	Limit _____				Time in: _____
<input type="checkbox"/> Air				RNT= _____	Time out: _____
<input type="checkbox"/> Nitrox _____ % O ₂				BT= _____	
				TBT/EBT= _____	

Safety Dive Profile Planning

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

PLANNED DEPTH (PD)	NO - D LIMIT	PT + 5MIN	NEW NDL	DECOMPRESSION TIME(S)		
				30'	20'	10'
PD + 10 ft.						
PD + 20 ft.						

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 ***

DIVE PLAN APPROVAL

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)