

LUMCON DIVING ACCIDENT / INCIDENT REPORT FORM

NOTE: LUMCON Scientific Divers shall use this form to report diving related accidents, injuries, and incidents including; near-drowning, decompression sickness, gas embolism, lung overexpansion, or injuries that require hospitalization as well as any incidents that compromised diver safety or might result in later hospitalization, therapy, or litigation. **LUMCON Dive Logs for all dives related to the accident / incident must also be submitted with this report.** Contact the LUMCON Dive Safety Officer at 985-851-2871 with questions about whether or not to report an incident.

GENERAL INFORMATION ABOUT THE ACCIDENT/ INCIDENT VICTIM

DIVER NAME:		DATE & TIME OF INCIDENT:	
DIVE LOCATION:	DIVING CERTIFICATION LEVEL: <input type="checkbox"/> Scientific Diver <input type="checkbox"/> Diver-In-Training <input type="checkbox"/> Temporary Diver		CERTIFICATION DEPTH:
CURRENT MEDICATIONS:		CURRENT HEALTH PROBLEMS:	
If the diver is not a LUMCON-certified diver, complete this section. LUMCON-certified divers skip to the next section.			
AGE:	SEX: (M/F)	DIVER'S AGENCY OR ORGANIZATION:	AGENCY OR ORGANIZATION DSO NAME & TELEPHONE #:
# YEARS DIVING:	TOTAL # DIVES:	# DIVES LAST 6 MONTHS:	PREVIOUS DIVE INCIDENTS & DATES:

DESCRIPTION OF THE ACCIDENT / INCIDENT:

Please describe accident / incident in detail. Include ANY factor which you believe may have contributed to, or minimized the accident / incident. If more than one accident / incident occurred please fill out a separate form. Use extra paper if necessary.

What could have been done to prevent this accident / incident?

<p>Did the accident / incident cause harm: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known</p> <p>Specify :</p> <p>Did the accident / incident occur in training: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known</p> <p>Specify :</p>	<p>Diver's qualification: (may circle >1)</p> <table style="width: 100%; border: none;"> <tr> <td>Diving student DS</td> <td>Open waterOW</td> </tr> <tr> <td>Advanced diver.....AD</td> <td>DivemasterDM</td> </tr> <tr> <td>Dive instructor DI</td> <td>Untrained UT</td> </tr> <tr> <td>Professional PD</td> <td>Technical diver.....TD</td> </tr> <tr> <td>Not known NK</td> <td>CDAA... Cavern CA</td> </tr> <tr> <td>Other.....</td> <td>.. Sinkhole SI</td> </tr> <tr> <td></td> <td>..Cave CV</td> </tr> <tr> <td></td> <td>.. Penetrat. PN</td> </tr> </table>	Diving student DS	Open waterOW	Advanced diver.....AD	DivemasterDM	Dive instructor DI	Untrained UT	Professional PD	Technical diver.....TD	Not known NK	CDAA... Cavern CA	Other.....	.. Sinkhole SI		..Cave CV		.. Penetrat. PN
Diving student DS	Open waterOW																
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Other.....	.. Sinkhole SI																
	..Cave CV																
	.. Penetrat. PN																

Contributing Factors (Check all that apply):

<input type="checkbox"/> Inadequate knowledge <input type="checkbox"/> Unfamiliar diving environment/conditions <input type="checkbox"/> Unfamiliar diving equipment <input type="checkbox"/> Inexperience in diving <input type="checkbox"/> Poor dive planning <input type="checkbox"/> Insufficient training in diving <input type="checkbox"/> Failure to check <input type="checkbox"/> Lack of a buddy check <input type="checkbox"/> Haste <input type="checkbox"/> Inattention <input type="checkbox"/> Fatigue <input type="checkbox"/> Anxiety <input type="checkbox"/> Recent illness	<input type="checkbox"/> Poor physical fitness <input type="checkbox"/> Feeling unwell <input type="checkbox"/> Error in judgement <input type="checkbox"/> Poor communication <input type="checkbox"/> Malfunction of equipment <input type="checkbox"/> Failure to understand equipment <input type="checkbox"/> Lack of servicing of equipment <input type="checkbox"/> Poor servicing of equipment <input type="checkbox"/> Lack of post dive equipment maintenance <input type="checkbox"/> Inadequate supervision of diver <input type="checkbox"/> Sea sickness <input type="checkbox"/> Poor technique <input type="checkbox"/> Recreational drug/alcohol/hangover pre dive
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Did the accident / incident involve any of the following (Circle all that apply):

Low air situation LA	Problem at deco stop DE
Out of air situation OA	Poor buddy pairing BP
Rapid ascent RA	Poor buddy response BR
Unable to slow rapid ascent ... US	Loss buddy contact BC
Out of air ascent OR	Marine animal MA
Buddy breathing BB	Equalization problem descent ... ED
Octopus breathing OB	Equalization problem ascent ... EA
Pony bottle breathing PB	Equipment EP
Multiple ascents AA	Poor visibility/silting PV
Buoyancy problem BP	Strong current SC
Problem on ascent PA	Flying <24hrs after diving FL
Problem at safety stop SS	Altitude >300ms after diving .. AL
Deco stop missed DS	Panic PC
Not detected by buddy check ... ND	Anchor retrieval AR
Nausea, vomiting U/W NV	Entanglement/trapped/guideline.. ET

First Aid:

<input type="checkbox"/> No O ₂ available / limited O ₂ supply <input type="checkbox"/> O ₂ ran out <input type="checkbox"/> O ₂ used inappropriately	<input type="checkbox"/> Lack of trained 1 st aid assistance <input type="checkbox"/> Lack of first aid supplies <input type="checkbox"/> Poor first aid
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Gas Supply

Gas supply in use during dive: <input type="checkbox"/> Air <input type="checkbox"/> Nitrox <input type="checkbox"/> Mixed gas <input type="checkbox"/> O ₂ <input type="checkbox"/> No/poor analysis pre dive <input type="checkbox"/> Confusion gas mix during dive Air consumption greater than usual this dive: <input type="checkbox"/> Yes <input type="checkbox"/> No

Equipment involved in the accident / incident (Check all that apply):

<input type="checkbox"/> Hired <input type="checkbox"/> Borrowed <input type="checkbox"/> New <input type="checkbox"/> Misuse <input type="checkbox"/> Essential equipment lacking <input type="checkbox"/> Equipment forgotten			
<input type="checkbox"/> Torch <input type="checkbox"/> Surface signal device <input type="checkbox"/> Dive Flag <input type="checkbox"/> Alternative air supply <input type="checkbox"/> Weight belt <input type="checkbox"/> Weights <input type="checkbox"/> Ankle weights <input type="checkbox"/> Tank/cylinder <input type="checkbox"/> Compressor/ Hookah	<input type="checkbox"/> Mask <input type="checkbox"/> BCD <input type="checkbox"/> Fins <input type="checkbox"/> Snorkel <input type="checkbox"/> Wet suit <input type="checkbox"/> Dry suit <input type="checkbox"/> Lyrca suit <input type="checkbox"/> Knife <input type="checkbox"/> Contents gauge	<input type="checkbox"/> Depth gauge <input type="checkbox"/> Dive computer <input type="checkbox"/> Regulator <input type="checkbox"/> Watch/Timer <input type="checkbox"/> Camera/trophy bag <input type="checkbox"/> Rebreather <input type="checkbox"/> Exit ladder <input type="checkbox"/> Boat <input type="checkbox"/> Surface buoy	<input type="checkbox"/> Mouthpiece <input type="checkbox"/> Scooter <input type="checkbox"/> Reel or line <input type="checkbox"/> Shot/safety line <input type="checkbox"/> Gloves <input type="checkbox"/> Climbing equipment <input type="checkbox"/> Other Specify_____

Regulator and Gas Supply (Check all that apply):

<input type="checkbox"/> Low to out of air <input type="checkbox"/> Contents not analysed prior to dive or incorrectly <input type="checkbox"/> Air not turned on <input type="checkbox"/> Air not turned on fully <input type="checkbox"/> Air turned on then off prior to dive <input type="checkbox"/> Air supply turned off inappropriately <input type="checkbox"/> Didn't check contents gauge regularly	<input type="checkbox"/> Inaccurate contents gauge <input type="checkbox"/> Unable to read contents gauge <input type="checkbox"/> Contents gauge hose rupture/leak <input type="checkbox"/> Hose rupture/leak <input type="checkbox"/> Pillar valve problem <input type="checkbox"/> 1 st stage malfunction <input type="checkbox"/> 2 nd stage malfunction	<input type="checkbox"/> Free flowing 2 nd stage <input type="checkbox"/> Octopus 2 nd stage problem <input type="checkbox"/> 'O' ring problem <input type="checkbox"/> Regulator breathing resistance increased <input type="checkbox"/> Unable to purge 2 nd stage <input type="checkbox"/> Pony bottle problem <input type="checkbox"/> 'Octopus' reg snagged	<input type="checkbox"/> Unable to locate alternative air supply <input type="checkbox"/> Air used frequently to maintain buoyancy <input type="checkbox"/> Tape on pillar valve <input type="checkbox"/> 1 st stage attached incorrectly <input type="checkbox"/> Separation regulator parts <input type="checkbox"/> Swivel problem
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Miscellaneous Equipment (Check all that apply):

<p>Weights and weight belts:</p> <input type="checkbox"/> Overweight <input type="checkbox"/> Underweight <input type="checkbox"/> Unable to release <input type="checkbox"/> Didn't know how to release <input type="checkbox"/> Quick release jammed <input type="checkbox"/> Tongue overlap stopped release <input type="checkbox"/> Snagged during release <input type="checkbox"/> Weight belt /weights dropped <input type="checkbox"/> Snagged causing release <input type="checkbox"/> BCD integrated weight problem <p>Wet / dry suit: <input type="checkbox"/> Uncomfortable <input type="checkbox"/> Tight - restricted breathing <input type="checkbox"/> Changed buoyancy</p>	<p>Buoyancy Jacket (BCD):</p> <input type="checkbox"/> Unfamiliar with its use <input type="checkbox"/> Spontaneously inflated <input type="checkbox"/> Inflation device failed <input type="checkbox"/> Inflator hose leaked <input type="checkbox"/> Inflation device not connected <input type="checkbox"/> Incorrect inflator hose <input type="checkbox"/> Didn't know how to inflate BCD <input type="checkbox"/> Didn't know how to deflate vest <input type="checkbox"/> Inflator/octopus combination problem <input type="checkbox"/> Dump valve malfunction <input type="checkbox"/> Uncomfortable	<input type="checkbox"/> Inflated restricted breathing <input type="checkbox"/> Unable to deflate <input type="checkbox"/> BCD air cylinder problem <input type="checkbox"/> Unable to inflate <input type="checkbox"/> Unable to inflate due to low air <input type="checkbox"/> Provided inadequate buoyancy <input type="checkbox"/> Confusion deflate/inflate buttons <input type="checkbox"/> Buddy couldn't deflate vest <input type="checkbox"/> Buddy couldn't inflate vest <input type="checkbox"/> Leaked <input type="checkbox"/> Incorrect size <input type="checkbox"/> Other Specify :
<p>Mask</p> <input type="checkbox"/> Flooding/dislodged caused panic <input type="checkbox"/> Flooding/dislodged no panic <input type="checkbox"/> Strap broke <input type="checkbox"/> Unable to clear <input type="checkbox"/> Clearing caused panic <p>Dive tables</p> <input type="checkbox"/> Not used <input type="checkbox"/> Misread <input type="checkbox"/> Unable to understand	<p>Dive computer</p> <input type="checkbox"/> Not used <input type="checkbox"/> Inaccurate <input type="checkbox"/> Stopped working <input type="checkbox"/> Forgot to activate it <input type="checkbox"/> Unable to read/layout confusing <input type="checkbox"/> Battery problems <p>Fins</p> <input type="checkbox"/> Strap broke <input type="checkbox"/> Lost <input type="checkbox"/> Caused cramp <input type="checkbox"/> Incorrect size	<p>Depth gauge</p> <input type="checkbox"/> Not used <input type="checkbox"/> Inaccurate <input type="checkbox"/> Unable to read <input type="checkbox"/> Maximum depth indicator problem <input type="checkbox"/> Confusion units used <p>Tank/cylinder</p> <input type="checkbox"/> Out of test <input type="checkbox"/> Faulty <input type="checkbox"/> Changed buoyancy <input type="checkbox"/> Not secured in backpack <input type="checkbox"/> Size change between dives

Tank Configuration Used:

<p align="center">SINGLE TANK</p> <input type="checkbox"/> Yes <input type="checkbox"/> Configuration not known	<p align="center">TWIN TANKS</p> <input type="checkbox"/> Independent back mounted <input type="checkbox"/> Independent side mounted <input type="checkbox"/> Manifolder (<input type="checkbox"/> isolator problem) <input type="checkbox"/> Not known	<p align="center">SLING TANKS OR STAGES</p> <p>Configuration and contents if known:</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known <input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Not known
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Report Prepared By:

Signature

Printed Name

Date