

University of South Florida
Diving Safety Program Ben Meister bmeiste@usf.edu- PED 214

Dive Plan

_____ (vessel, lab or shore)
General Dive Site Location: _____
(ie: off Key Largo, off Clearwater)
Dive Plan Submitted By: _____

Principal Investigator: _____ Lead Diver: _____
Proposed No. of Dives: _____ Proposed No. of Divers: _____

(profile each dive) _____ (List each dive) _____
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)

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

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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 planned and that medical treatment is initiated as soon as possible. It is the responsibility of the expedition's Divemaster to develop procedures for such emergencies including evacuation and

Additional Dive Plan Info:

Type of tables/version used: _____

DIVE PROFILES

Dive No.: 1 Date _____ Location: _____

Buddy Team 1: _____ & _____

Buddy Team 2: _____ & _____

Buddy Team 3: _____ & _____

Buddy Team 4: _____ & _____

Buddy Team 5: _____ & _____

SI= _____ RG _____ RG _____

Depth _____ Safety stop _____ min

Gas used: _____

Air _____ Time in: _____

Nitrox _____ % O2 RNT= _____ Time out: _____

ABT= _____

TBT= _____

Dive No.: 2 Date _____ Location: _____
 Buddy Team 1: _____ & _____
 Buddy Team 2: _____ & _____
 Buddy Team 3: _____ & _____
 Buddy Team 4: _____ & _____
 Buddy Team 5: _____ & _____

SI= _____ RG _____ RG _____

 Depth _____ | _____ | Safety stop _____ min
 Gas used: _____
 Air _____ Time in: _____
 Nitrox _____ % O2 RNT= _____ Time out: _____
 ABT= _____
 TBT= _____

Dive No.: 3 Date _____ Location: _____
 Buddy Team 1: _____ & _____
 Buddy Team 2: _____ & _____
 Buddy Team 3: _____ & _____
 Buddy Team 4: _____ & _____
 Buddy Team 5: _____ & _____

SI= _____ RG _____ RG _____

 Depth _____ | _____ | Safety stop _____ min

Emergency Contact Information for Each Diver

Diver:

Diver: _____ Diver No. 9
Emergency Contact: _____ Relation: _____
Work Telephone: _____ Home Telephone: _____
Street Address: _____
City: _____ State: _____ Zip: _____

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Diver: _____ Diver No. 10
Emergency Contact: _____ Relation: _____
Work Telephone: _____ Home Telephone: _____
Street Address: _____
City: _____ State: _____ Zip: _____

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Diver: _____ Diver No. 11
Emergency Contact: _____ Relation: _____
Work Telephone: _____ Home Telephone: _____
Street Address: _____
City: _____ State: _____ Zip: _____

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Diver: _____ Diver No. 12
Emergency Contact: _____ Relation: _____
Work Telephone: _____ Home Telephone: _____
Street Address: _____
City: _____ State: _____ Zip: _____

Dive No.: 6 Date _____ Location: _____
 Buddy Team 1: _____ & _____
 Buddy Team 2: _____ & _____
 Buddy Team 3: _____ & _____
 Buddy Team 4: _____ & _____
 Buddy Team 5: _____ & _____

SI= _____ RG _____ RG _____

 Depth _____ | _____ | Safety stop _____ min
 Gas used: _____
 Air _____ Time in: _____
 Nitrox _____ % O2 RNT= _____ Time out: _____
 ABT= _____
 TBT= _____

Dive No.: 7 Date _____ Location: _____
 Buddy Team 1: _____ & _____
 Buddy Team 2: _____ & _____
 Buddy Team 3: _____ & _____
 Buddy Team 4: _____ & _____
 Buddy Team 5: _____ & _____

SI= _____ RG _____ RG _____

 Depth _____ | _____ | Safety stop _____ min
 Gas used: _____
 Air _____ Time in: _____
 Nitrox _____ % O2 RNT= _____ Time out: _____
 ABT= _____
 TBT= _____

Dive No.: 8 Date _____ Location: _____

Buddy Team 1: _____ & _____

Buddy Team 2: _____ & _____

Buddy Team 3: _____ & _____

Buddy Team 4: _____ & _____

Buddy Team 5: _____ & _____

SI= _____ RG _____ RG _____

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_____| Safety stop _____ min