

# UCF Dive Plan Submittal Form

Classification of Proposed Diving Activity (Scientific or Recreational): \_\_\_\_\_

Dive Plan Submitted by: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Proposed Expedition Dates: start: \_\_\_\_\_ end: \_\_\_\_\_

## 1. Basic Information

Dive Site Location (GPS co-ordinates)	
Principal Investigator (name, phone, email)	
Lead Diver (name, phone, email)	
UCF Department	
Total # Dives Planned	

## 2. Diving Activities (Detailed description, risk assessment and mitigation)

Work Proposed	
Equipment Required (e.g., equipment requested from UCF Dive locker, Emergency O2 and First Aid Kits)	
Diving Risk Assessment (e.g., evaluate hazards, dive complexity, diver task loading and experience)	
Safety Precautions and Efforts to Mitigate Risk	

### General Dive Plan Considerations

- Any diver has the right to refuse to dive without fear of penalty if they feel the conditions are unsafe or unfavorable OR the dive violates the precepts of their training OR the regulations of the UCF Diving Safety Program.
- It is the responsibility of each diver to terminate the dive, without fear of penalty, whenever they feel 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.
- 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.

Only no decompression diving is permitted at UCF. All UCF divers will use a computer and surface intervals must be followed as recommended by computers.

All divers must meet all UCF Dive Program requirements as laid out in the UCF Scientific Diving Manual prior to planned dives.

**DIVE PLAN**

**Dive Roster**

Diver's name	Affiliation (leave blank if UCF) <sup>1</sup>	Depth certification

<sup>1</sup>Any Non-UCF Personnel must be approved prior to dive plan approval.

**Purpose of Dives**

**Operational Plan**

Maximum depth: \_\_\_\_\_  
Number of dives/diver/day: \_\_\_\_\_  
Nitrox, or mixed gases: \_\_\_\_\_

Tools or specialized equipment to be used:

**Dive Site**

Beach or boat dives: \_\_\_\_\_

If boat dives please provide the vessel name, leasing company, and emergency contact information as relevant:

**Safety Considerations**

Any hazardous conditions anticipated:

Safety equipment:

- First-Aid Kit
- Emergency Oxygen
- Dive flag
- Safety sausage (for each diver)
- Whistle (for each diver)

Brief description of working plan and dive profiles:

**International Travel**

Contacts in country (include name, email, and phone number):

U.S. Consulate or Embassy (include email, phone, fax, address):

For international travel attach a copy of all itineraries including flight times and accommodations with contact information which will be utilized.

**LEAD DIVER CHECKSHEET**  
(complete prior to departing to dive site)

It is the responsibility of the Lead Diver to assure that each of the following items has been checked and that all divers have all required gear.

**Administrative**

- Dive Plan Signed by DSO
- Emergency Response Plan Completed
- Dive Tables Available
- Float Plan if Diving from Vessel

**Dive Support**

- First Aid Kit
- Oxygen Resuscitator
- Dive Flag
- Radio or Cell Phone
- Down Line
- Tag Line and Float

**All Divers Have:**

- Regulator
- Octopus Regulator
- Air Gauge
- Depth Gauge
- Mask
- Fins
- Snorkel
- Buoyancy Compensator
- Scuba Tank
- Knife
- Weights and/or Weight Belt
- Compass
- Whistle
- Inflatable Emergency Tube (Diver's Sausage)

**Comments:**

\_\_\_\_\_  
Lead Diver Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

## UCF DIVING ACCIDENT EMERGENCY ACTION PLAN

A diving accident victim is any injured 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 Lead Diver 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 to DSO.

Expedition Emergency Contact Numbers:

- United States Coast Guard – Channel 16 on Marine VHF Radio
- Local EMS telephone number (911 if in the U.S.): \_\_\_\_\_

Nearest Medical Treatment Facility to Dive Site:

- Location: \_\_\_\_\_ phone number: \_\_\_\_\_

Nearest Recompression Facility to Dive Site: (as per DAN Med. Center 6/19/19)

- Location: \_\_\_\_\_
- Phone number: \_\_\_\_\_

Diver's Alert Network (DAN):

- 1-919-684-9111 or 1-800-446-2671

24 hour medical advise—if necessary call collect and state “I have a Medical Emergency”—Use to locate closest recompression chamber or physician consultations.





DIVE PLAN APPROVAL

I certify that this dive plan has been completed in compliance with the University of Central Florida Diving Safety Program policies and procedures. I further certify that all information provided in this plan is true and correct to the best of my knowledge.

All dive plans should be reviewed and signed by the project PI and Dive Team Leader and returned to the Diving Safety Officer (or designee) at least one week prior to the start of planned dives(s) for approval. Dives are not permitted prior to approval by the DSO (or designee).

Principle Investigator: \_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Dive Team Leaders: \_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Dive Safety Officer: \_\_\_\_\_  
Print Name

Approved:    Yes    No

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature