|  |
| --- |
| **Begins:**  **Expires:**  (6 months maximum) |

*SCIENTIFIC DIVE PLAN PROPOSAL*

**Date Submitted: Submitted by:**

**Department:**

**PI/Project Supervisor:**  **Project Lead Diver:**

**Contact** **Ph:**  **Contact** **Ph:**

**Email:**  **Email:**

**Project Title:**

**Proposed Date(s):**

**Dive Location(s):**

**Detailed Description of Activities:**

Describe general dive profile(s), proposed work and buddy system: add separate pages, diagrams and/or a copy of the proposal if necessary.

**Planned Max./Average Depth(s):**

**Dives Per Day:** **Total Daily Bottom Time:**

**Diving Mode:** OC, CC, SS, Hookah

**Breathing Gas:** Air, Nitrox (%O2), Other (%O2/He)

**Source of Breathing Gas: Recent Air Test:**

**Dive Planning Mechanism:** Dive Tables (type), Dive Computer, Software (model)

**Environment:** Coastal, Island, Aquarium, Blue water, Ice/Polar, Altitude, etc…

**Platform:** Shore, Pier, UCSD/SIO R/V, Other R/V, UCSD/SIO Small Boat, Other Small Boat

Charter and use of a small boats must be consistent with UCSD Vessel Charter and SIO Small Boating Safety policy. Contact the Scientific Diving Program for more information.

**Specialized Sampling Equipment/Tool Considerations:**

Detail sampling equipment, compressor, air tools: drills, vacuum, lift bags, scooters, etc not otherwise described in description of activities.

**Oxygen at Site:** Yes/No **First Aid at Site:** Yes/No

**Volume:**

**List of Dive Team Members:**

It is the responsibility of the PI and Lead Diver to ensure that all divers have experience and current authorizations for the proposed activities. Continue on a separate sheet if needed.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Diver Name (Last, First)** | **Auth.**  **Org.1** | **Auth. Depth** | **Status2** | **DAN/ UCSD Travel Insurance**  **(#, Exp. Date)3** | **Emergency Contact (Name,Relation,Ph.,Email)4** |
| **LEAD DIVER**  **1.** |  |  |  |  |  |
| **2.** |  |  |  |  |  |
| **3.** |  |  |  |  |  |
| **4.** |  |  |  |  |  |
| **5.** |  |  |  |  |  |
| **6.** |  |  |  |  |  |
| **7.** |  |  |  |  |  |
| **8.** |  |  |  |  |  |
| **9.** |  |  |  |  |  |
| **10.** |  |  |  |  |  |

**1 All Non-SIO/UCSD divers must have a current and verified LOR on file with the SIO/UCSD DSO.**

**2 F= faculty, S= staff, GS=enrolled graduate student, UG=enrolled undergraduate, V=official volunteer, O=other**

**3 DAN Membership (www.diversalertnetwork.com) and UCSD Travel Insurance (http://www.ucop.edu/riskmgt/uctrips/) is required for all field deployments.**

**4 Verified emergency contact information required for all field deployments.**

*EMERGENCY MANAGEMENT PLAN*

**Risk Assessment:**

List identified risks associated with proposed activities or environment (e.g. thermal issues, lost/wayward diver, high currents, deep depths, low visibility, vessel traffic, hazardous marine organisms, etc.) and measures for eliminating or reducing risks to acceptable levels.

|  |  |
| --- | --- |
| **RISK** | **MITIGATION MEASURES** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

All divers must carry an appropriate surface marker buoy and audible signaling device when diving in a remote site, at a site with current, or when live boating. Use of personal diver locator beacons may be required.

Emergency Procedures:

Detailed emergency management and evacuation plan for locations other than local San Diego County diving operations.

Nearest Medical Treatment Facility to Dive Site(s):

Name:   
 Address:

Phone:

Method and

est. duration of transport:

Nearest Recompression Treatment Facility to Dive Site(s):

Name:   
 Address:

Phone:

Method and

est. duration of transport:

**Additional Comments /Considerations:**

# 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 SIO Diving Safety Program.
* All Dive plans **MUST** be based on the competency of the least experienced diver.
* An ascent rate of ***30ft/min*** and a precautionary stop at ***15-20ft for 3-5min*** should be made for each dive.
* 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 should be formulated to deal with such conditions.
* All divers using dive computers to plan dives and indicate or determine decompression status should follow the AAUS recommended dive computer guidelines.
* Plan dives conservatively and maximize surface intervals.
* A diver should wait at least **18-24 hrs** before flying or traveling to altitude (1000+ft) after any dive.
* An Emergency Plan shouldbe reviewed for each project 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.

### 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 medical treatment is initiated as soon as possible. It is the responsibility of the “Lead Diver” to develop procedures for such emergencies including evacuation and medical treatment for each dive location.

General Procedures:

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.

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, Coast Guard, EMS or UC Travel Assistance Program.**
6. **Contact Diving Safety Officer (DSO) and Emergency Contact Person.**

**SIO/UCSD Contact:**

Christian McDonald Rich Walsh

SIO/UCSD Diving Safety Officer Asst. SIO/UCSD Diving Safety Officer

Ph: (858) 534-2002 Ph. (858) 534-6979

Cell: (858) 245-6979 Cell: (858) 245-7141

Fax: (858) 534-5306 Email: rwalsh@ucsd.edu

Email: cmcdonald@ucsd.edu

**Divers Alert Network:**

24/7 Diving Emergency (Call local EMS, SIO POC, then DAN!)

* **1-919-684-9111**

DAN Non-Emergency Diving Questions and all other DAN services

* **1-800-446-2671**
* Available M-F, 9 am - 8 pm EST

**University of California Travel Assistance Program:**

Within the U.S.A.

* **1-866-451-7606**

Outside the U.S.A. (call collect)

* **1-202-828-5896**

**Project Title: \_\_\_\_\_\_\_Project Dive Leader:\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_**

**Lead Diver Affidavit:**

I agree to follow all SIO/UCSD diving regulations.

**X**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Lead Diver Date**

**Supervisor or Advisor Approval:**

I verify the need for this project and the student or employment status of listed divers for this project is as indicated.

**X**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of PI, Advisor, or Supervisor Date**

**Receipt Date: DSO Review Date:**

**Remarks, Conditions, Restrictions:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of DSO Date**