

## PRE-CRUISE DIVE PLAN

Scripps Institution of Oceanography

Please fax completed form to (858) 822-5811.

Chief Scientist:	Cruise dates and Number:
Research Vessel:	Operating Area:
Lead Institution:	Diving Site Location:

### DIVE PLAN (Check all that apply)

Type of Diving:		Diving Mode:	
<input type="checkbox"/> Bottom oriented (near shore)	<input type="checkbox"/> Repetitive diving	<input type="checkbox"/> Open Circuit SCUBA	
<input type="checkbox"/> Bottom oriented (off shore)	<input type="checkbox"/> Multi-day diving	<input type="checkbox"/> Mixed gas (NITROX)	
<input type="checkbox"/> Buoyed down-line at site	<input type="checkbox"/> Cold water	<input type="checkbox"/> Mixed gas (other)	
<input type="checkbox"/> Blue Water - tethered	<input type="checkbox"/> Under ice	<input type="checkbox"/> Surface Supplied	
<input type="checkbox"/> Blue Water - untethered	<input type="checkbox"/> Cave	<input type="checkbox"/> Dry Suit	
<input type="checkbox"/> Night diving	<input type="checkbox"/> Wreck	<input type="checkbox"/> Diving Computer	
<input type="checkbox"/> Decompression diving	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	

Maximum Depth of Dives:		Diving Tables Used:			
<input type="checkbox"/> 30 ft.	<input type="checkbox"/> 130 ft.	<input type="checkbox"/> US Navy	<input type="checkbox"/> Huggins	<input type="checkbox"/> Royal Navy	<input type="checkbox"/> Canadian Navy
<input type="checkbox"/> 60 ft.	<input type="checkbox"/> 150 ft.	<input type="checkbox"/> Swiss	<input type="checkbox"/> NAUI	<input type="checkbox"/> PADI	<input type="checkbox"/> Other:
<input type="checkbox"/> 100 ft.	<input type="checkbox"/> 190 ft.	<input type="checkbox"/> Diving Computer Model:			

Possible Hazards	Physical:	Biological:	
<input type="checkbox"/> Strong Currents	<input type="checkbox"/> Low visibility	<input type="checkbox"/> Sharks	<input type="checkbox"/> Stinging organisms
<input type="checkbox"/> Fog	<input type="checkbox"/> Pollution	<input type="checkbox"/> Spiny organisms	<input type="checkbox"/> Other:
<input type="checkbox"/> Ice	<input type="checkbox"/> Other:	<input type="checkbox"/> Marine mammals	

**Briefly describe scientific diving procedures to be used on cruise (i.e. Special diving protocols, collection methods) and typical daily diving schedule (time & duration of dives)**


### PERSONNEL

Supervisors - Name	Phone	Telemail/E-mail	Diving on cruise?
Ch. Sci.:			<input type="checkbox"/> Yes <input type="checkbox"/> No
P. I.:			<input type="checkbox"/> Yes <input type="checkbox"/> No
Diving Supvrs.:			List below also

Participating Divers		Certification	
Name	Institution and Address	Depth	Exp. Date

**Equipment and Personnel Needs**

**Supplied by** (Please check one)

Item or person needed			Science	Ship *	Other
Scuba tanks	Number:	Size:	[ ]	[ ]	
Compressor	CFM:	Pressure:	[ ]	[ ]	
Tank Filling Cascade	Size:	Pressure:	[ ]	[ ]	
Dive Boat	Size:		[ ]	[ ]	
Dive Boat Motor	Size:		[ ]	[ ]	
Lifting Sling for Boat			[ ]	[ ]	
Emergency O2	Amount:		[ ]	[ ]	
Demand Valve for O2			[ ]	[ ]	
Diving Computers	Number:	Model:	[ ]	[ ]	
Boat Operator			[ ]	[ ]	
Emergency signaling device		Type:	[ ]	[ ]	
Diving Flag	[ ] Alpha	[ ] U.S.	[ ]	[ ]	
First Aid Kit			[ ]	[ ]	
Portable O2 kit			[ ]	[ ]	
Radar Reflectors	Type:		[ ]	[ ]	
Diver Recall device	Type:		[ ]	[ ]	
Other			[ ]	[ ]	
			[ ]	[ ]	
			[ ]	[ ]	
Emergency Plan Appended	[ ]	Prepared by:			
Emergency Evacuation Plan Appended	[ ]	Date:			

\*Please contact the Resident Marine Technician Group (858) 534-1642 for availability of equipment/gear.

Submitted By: \_\_\_\_\_  
 Chief Scientist \_\_\_\_\_ Date \_\_\_\_\_

Approved & Confirmed Plan, Equipment, & Personnel Comply with Policy:

\_\_\_\_\_  
 SIO Diving Officer \_\_\_\_\_ Date \_\_\_\_\_

Approved & Confirmed availability of Oxygen & Documentation for Treating Diving Maladies on Board Vessel:

\_\_\_\_\_  
 Vessel Master \_\_\_\_\_ Date \_\_\_\_\_

Approved: \_\_\_\_\_  
 Marine Superintendent \_\_\_\_\_ Date \_\_\_\_\_

cc: MARFAC Admin  
 Diving Control Board  
 Resident Technician Group