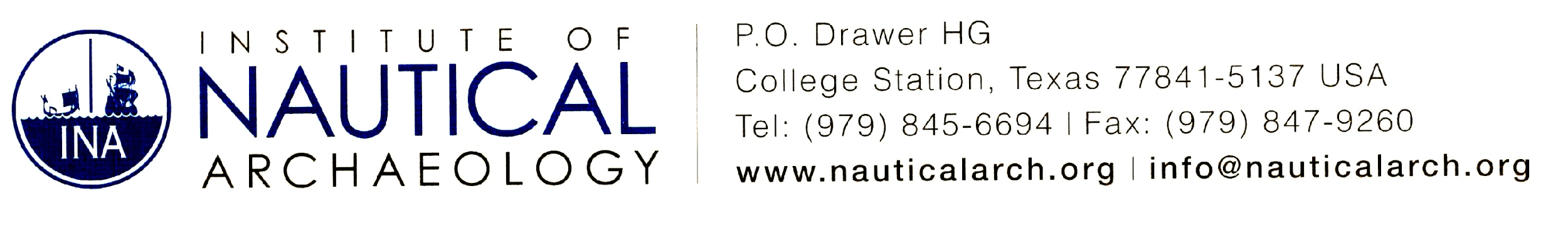
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| **SCIENTIFIC DIVE PLAN APPLICATION** | |
| **1.Project Information** | |
| Date submitted: | Project: |
| Project Dates - Start: End: | |
| Dive Platform  (e.g., shore, boat, etc.- include vessel type and name if applicable): |  |
| Dive Site Location  (Country, region, city/town if possible): |  |
| Principal Investigator: |  |
| Diving Safety Officer or Supervisor: |  |

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| **2. Dive Plan** | |
| Work Proposed & Schedule of Events:  Please include:  number of dive days/week; number of dives/day;  number of work days; dive tables to be used;  proposed bottom times,  depths, and surface intervals; decompression methods;  and type of work to be completed (e.g., survey, excavation of…, artifact collection, etc.).  Be specific and attach another sheet if necessary. |  |
| Work Proposed & Schedule of Events (cont.) |  |
| Tools/Equipment Planned for use  (e.g., metal detectors, air lifts, lifting mechanisms, etc.): |  |
| Anticipated Hazardous Conditions  (marine life, currents, boat traffic, etc.): |  |
| Safety Precautions to be Implemented: |  |

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| **2. Dive Plan Continued** | | | | | | |
| Anticipated Total Number Dives: | | |  | Proposed Number Divers: | | |
| Proposed Max Depth: | | |  | Proposed Average Depth: | | |
| General Diving Conditions/Environment: | | |  |  | | |
| Emergency Management:  Please include:  names, locations, addresses of, and distance to nearest recompression chambers, hospitals, and urgent care facilities (attach maps at the end of the application); mode of transport for emergency treatment of hyperbaric and non-hyperbaric injuries; availability of First Aid kits, Oxygen kits, AED, etc. | | |  |  | | |
| **3. Diving Roster** (A supplementary Dive Roster may be attached to the end of this application if more space is needed) | | | | | | |
| **Name** | |  | | **Name** |  | |
| **Certification Agency, Level, and Number** | |  | | **Certification Agency, Level, and Number** |  | |
| **Emergency Contact (Name & Phone)** | |  | | **Emergency Contact (Name & Phone)** |  | |
| Training Certs Required (CPR/First Aid/ O2 Admin/ AED)- List expiration and Issuing Agency for each | |  | | Training Certs Required (CPR/First Aid/ O2 Admin/ AED)- List expiration and Issuing Agency for each |  | |
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| **4. General Guidelines:** |
| * Any diver can refuse or end any dive for any reason without fear of penalty. * It is the responsibility of each diver to end a dive if they feel it is unsafe to continue. * All Dive plans must be based on the competency of the least experienced diver. * A copy of the dive plan and all emergency information should be available at the dive site at all times: * The DSO/DSS for all INA projects should contact the Divers Alert Network immediately in the event of a suspected hyperbaric injury. DO NOT take the team member to a facility until DAN is consulted as not all hyperbaric facilities are set up to treat dive injuries.  DAN medical number: +1 919-684-2948 or +1 800 446 2671 (M-F 9-5 EST) **DAN Emergency number: +1-919-684-9111** |
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| Additional pertinent information pertaining to general and diving safety: |

**Prepared by** (name/ project role):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_/\_\_\_/\_\_\_

**Signature**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Submitted to INA Date \_\_\_/\_\_\_/\_\_\_**

**Approved by** (Name/Title): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_/\_\_\_/\_\_\_

**Signature**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_