



## 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:	

### 2. Dive Plan

<p><b>Work Proposed &amp; Schedule of Events:</b> 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.</p>	
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<p>Work Proposed &amp; Schedule of Events (cont.)</p>	
<p>Tools/Equipment Planned for use (e.g., metal detectors, air lifts, lifting mechanisms, etc.):</p>	
<p>Anticipated Hazardous Conditions (marine life, currents, boat traffic, etc.):</p>	
<p>Safety Precautions to be Implemented:</p>	

**2. Dive Plan Continued**

Anticipated Total Number Dives:		Proposed Number Divers:	
Proposed Max Depth:		Proposed Average Depth:	
General Diving Conditions/Environment:			
<p><b>Emergency Management:</b>  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.</p>			

**3. Diving Roster** (A supplementary Dive Roster may be attached to the end of this application if more space is needed)

Name	Name

<b>Certification Agency, Level, and Number</b>		<b>Certification Agency, Level, and Number</b>	
<b>Emergency Contact (Name &amp; Phone)</b>		<b>Emergency Contact (Name &amp; Phone)</b>	
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**

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