

Florida State University Academic Diving Program Dive Plan Submittal Form



		ı				
DSO Signature						
Dive De	etails					
Dive Pl	an Submitted by			Date Submitted		
Principal Investigator				Sponsored Project #		t #
Expedition Start				Expedition End		
# of Dives				# of Divers		
Genera	al Dive Site Location			Maximum Depth		
Will thi	s Plan Involve (check all that a	apply)				
	Boats or larger vessels		Specialty Diving			Non-FSU personnel
	Multiple days of diving		Flying after Diving			Science Divers in Training
	Decompression Diving		International Travel			Mixed Gases
Genera	al Dive Plan Considerations					
• In the interest of the dive team, it is expected that any diver who feels ill or has reasonable cause to believe they have been exposed to the Corona SARS-CoV-2 virus will exclude her/himself from diving operations until receiving medical clearance to dive.						
All divers must be familiar with the FSU Standards for Scientific Diving Manual.						
 The Lead Diver is responsible for making and communicating decisions on in water details of this dive plan including dive buddy assignments and tasks, goals and objectives, maximum depth(s) and bottom time, gas management, entry, exit, descent and ascent procedures, perceived environmental and operational hazards and mitigations, emergency and diver recall procedures. 						
 Any diver has the right to refuse to dive without fear of penalty if he or she feels the conditions are unsafe or unfavorable OR the dive violates the precepts of their training OR the regulations of the FSU Standards for Scientific Diving Manual. 						
• It is the responsibility of each diver to terminate the dive, without fear of penalty, whenever he or she feels 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.						

Roster and Emergency Contacts									
Diver Name		Lead Diver	Depth Rating ¹	Phone Number	Emergency Contact				
					Name	Relation	Phone #		
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
Notes:									

 $[\]frac{\hbox{1 Depth ratings are subject to change. If you are unsure of a depth rating contact the DSO. See Standards section 4.0 for details.}} \\ \textbf{Dive Plan Submittal Form}$

Purpose of Dives							
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Operation Plan							
Specific Diving Location(s)							
Fating at a d Doubh			Estimated Bottor	an Tima a			
Estimated Depth			Nitrox, or mixed				
Maximum Depth			(include FO2)	gases			
Deco Monitoring (ex. tables, o	computer model)						
Boat/Vessel Name(s)							
Tools or Specialized Equipmer	nt (diving sleds, sco	oters, drills	, surface supply, h	ookah, tethers	s, etc.)		
	, ,			<u> </u>	<u> </u>		
Hazardous Conditions Anticipa	ated: (i.e. cold wate	ar low visik	nility extreme curr	cents extreme	denths)		
Trazardous Corruitions Articipa	ateu. (i.e., colu wate	er, low visik	Jility, extreme cum	ents, extreme	иериіз)		
Safety Equipment:							
(check all that apply)	First Aid Kit		Emergency O2		Dive Flag		
Others:							
International Travels							
Attach a copy of all itineraries, including flight times and accommodations with contact information.							
Contacts in Country							
contacts in country							
U.S. Consulate or Embassy							

Emergency Management Plan

A diving accident victim could be any 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. The following procedures provide guidance for dealing with emergencies that arise in the course of compressed-gas diving. They do not substitute for project supervisors and participants using good judgment. Further, they cannot account for all possible situations. Proper emergency actions rely upon sound training, sound judgment, and rapid response.

It is the responsibility of the Lead Diver for each project or dive to establish effective diving emergency procedures for the local diving operations, including evacuation and medical treatment. Divers must report all injuries to the Diving Safety Officer.

General Procedures

- 1. Make appropriate contact with victim or rescue as required.
- 2. Establish (A)irway (B)reathing (C)irculation or (C)irculation (A)irway (B)reathing as appropriate
- 3. Stabilize the victim
- 4. Call 911 or local Emergency Medical System (EMS) for transport to nearest medical treatment facility. Explain the circumstances of the dive incident to the evacuation teams, 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.
- 5. Administer emergency oxygen or AED if appropriate.
- 6. Contact Divers Alert Network Emergency Hotline (+1 919 684 9111)
- 7. Notify the Diving Safety Officer. If the Diving Safety Officer is not immediately available contact FSU EH&S.
- 8. If possible, complete the following actions:
 - a. Take notes of how the incident occurred, and all response measures taken, including a time table of events and actions;
 - b. Isolate the victim's equipment for inspection by the DSO and authorities;
 - c. Manage the accident scene for crowd control. Assign someone to keep bystanders from interfering.
 - d. Make statements regarding the incident only to University and EMS/Medical personnel. University representatives shall be responsible for providing information to the media.
- 9. As soon as possible, the FSU Diving Safety Officer prepares a diving incident report, including facts of the injury and treatment rendered, and statements from pertinent witnesses. A copy of this report shall be forwarded to the FSU Diving Control Board, the FSU Department of Environmental Health & Safety, the FSU Coastal and Marine Laboratory's Human Resources personnel, and to AAUS or the National Institute for Occupational Safety and Health (NIOSH), depending on the nature of the operation.

Emergency Management Contact Information To be completed by Lead Diver					
On Site Emergency Comms (ex. Cell Phone, VHF Radio)					
Shore Contact					
Local Emergency Services					
Nearest Hospital					
Nearest Recompression Chamber					
Anticipated Means of Transport					

Emergency Reference Contact Information

HCA Florida Capital Hospital

Hyperbaric Medicine 2626 Capital Medical Blvd Tallahassee, FL 32308 Phone: (850) 325-5000 Chamber: (850) 325-4542

Florida Fish and Wildlife Dispatch Franklin County: (850) 245-7716

United States Coast Guard

Panama City, FL VHF Channel 16

Phone: (850) 234-2377

FSU Coastal and Marine Laboratory

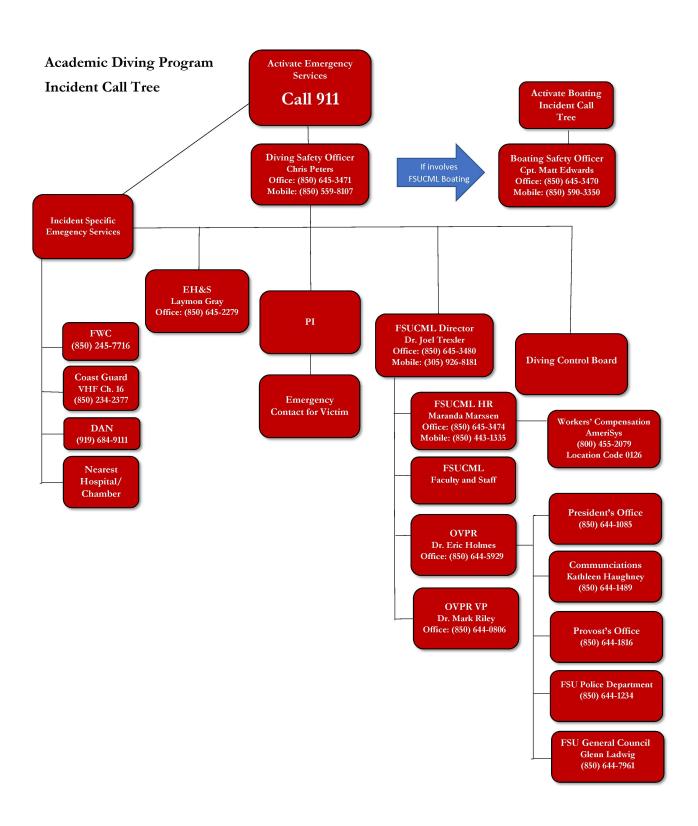
ADP: (850) 645-3471 Marine Ops: (850) 645-3470 Main: (850) 645-3474

Weems Memorial Hospital

135 Avenue G Apalachicola, Florida 32320 Main: (850) 653-8853

Mariner's Hospital,

Florida Keys Hyperbaric Medicine 91500 Overseas Highway, Tavernier, FL (305) 434-3000



Dive Plan Approval

I certify that this dive plan has been completed in compliance with the Florida State University Diving Control Board 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 logs related to this plan should be returned to the Diving Safety Officer or designee within one week following completion of the planned dives(s). Individuals, within the same period, should enter their dives onto the AAUS website.							
Principal Investigator							
Print Name		Signature					
Dive Team Leader							
Print Name		Signature					
SPACE BELOW FOR FLORIDA STATE UNIVERSITY ACADEMIC DIVING PROGRAM ONLY							
Dive Plan Approved By	Dive Plan Approved By						
Name & Title		Signature					
Approved Amendments and Contingencies							