**Appendix 4: Dive Plan Proposal Form**

TAMUG Classification of Proposed Diving Activity: \_\_\_ Scientific \_\_\_ Recreational

**1. Basic Information**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Date Submitted |  | Proposed Expedition Dates | |  | | | |
| Dive Site Location  (Name or GPS co-ordinates) |  | | | | | Date of current Air Test? |  |
| Lead Diver  (Include Name, phone, e-mail) |  | | | | | | |
| Lead Faculty Member |  | | Contact # | |  | | |
| TAMUG Department/Organization |  | | | | | | |
| Total # Project Dives planned | \_\_\_\_\_\_\_\_\_\_ divers x \_\_\_\_\_\_\_\_\_ dives each = \_\_\_\_\_\_\_\_\_\_ total dives | | | | | | |

**2. Diving Activities** (Detailed description, risk assessment and mitigation):

|  |  |
| --- | --- |
| Work Proposed |  |
| Equipment Required  (e.g., equipment requested from TAMUG Dive locker, Emergency O2 and First Aid Kits) | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  | Qty |  | Qty |  | Qty |  | Qty | | O2 kit |  | Regulator |  | Weight |  | Other: |  | | 1st aid kit |  | BC |  | Trail line |  |  |  | | AED |  | Tanks/mix |  | Dive flag |  |  |  | | Backboard |  | Computer |  | SMB |  |  |  | | Analyzer |  | Save-a-dive |  |  |  |  |  | |
| Diving Risk Assessment (e.g., evaluate hazards, dive complexity, diver task loading and experience) |  |
| Safety Precautions and Efforts to Mitigate Risk |  |

**3. Roster of Divers** (Append additional sheets if necessary)**:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Diver | Applicable Certs | Depth Rating[[1]](#footnote-1)2 | Use Pers equip? On file? | | DAN # level & exp date | Diver cell | Emergency Contact  Name Phone Relation | | |
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**4. Trip Itinerary** (Append additional sheets if necessary)**:**

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| **Date** | **Time** | **Activity** |
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**5. Proposed Dive Profiles:**

- Table-based planning include max depth & time, surface intervals, gas mix and letter designations before and after each dive.

- Computer-based profiles include max depth, max time, surface intervals and gas mix.

- Planed deco dives include detailed profiles including; max depth, total run time, stop depths and times, gas mixes, gas switch depths, and required volume for each gas (An example plan is included at the end of this document, plans do not need to exactly match this format).

- All dive plans deeper than 150 feet must be approved by the DCB.

Primary planning method: ­­­\_\_\_tables \_\_\_ computer \_\_\_ dive software

**6. Emergency Management Plan:** (a) emergency contact information for each diver (name, relationship, and telephone number), (b) nearest recompression chamber **that treats divers on an emergency basis**, (c) nearest accessible hospital, and (d) anticipated means of transport for a diving victim. Refer to the TAMUG Diving Safety Manual for required equipment and emergency planning.

|  |  |
| --- | --- |
| **Nearest Dive Emergency Hyperbaric Chamber** | Memorial Hermann Wound Care - Texas Medical Center (multiplace chamber) |
| ***Address*** | 6411 Fannin St, Houston, TX 77030 |
| ***Phone*** | (713) 704-4000 (Direct Chamber line: (713) 704-4268) |
| ***Hours of operation*** | 24hours. On-call for diver emergencies. |
| ***Distance from primary location (miles and estimated travel time)*** |  |
| **Nearest Hospital** |  |
| ***Address*** |  |
| ***Phone*** |  |
| ***Hours of operation*** |  |
| ***Distance from primary location (miles and estimated travel time)*** |  |
| **Nearest Urgent Care** |  |
| ***Address*** |  |
| ***Phone*** |  |
| ***Hours of operation*** |  |
| ***Distance from primary location (miles and estimated travel time)*** |  |
| **DAN Medical Info Phone** | **919-684-2948** |
| **DAN Emergency Phone** | **919-684-9111** |
| **Emergency Numbers** |  |
| **Anticipated Means of Victim Transport** |  |
| **Emergency Action Procedures** |  |

**7. Verification of Administrative Requirements (to be completed by the Lead Diver, who is the person submitting the dive plan)**

I verify that *ALL* divers that are listed above in this Dive Plan have current and up-to-date personal diver files, with all administrative requirements outlined in the TAMUG Diving Safety Manual.

I understand that any diver has the right to refuse to dive for any reason, without fear of penalty, and should do so if they feel the conditions are unsafe for diving, or the dive violates the precepts of their training or the TAMUG Diving Safety Manual.

I understand that all dive plans must be based on the competency of the least experienced diver.

I understand that if I am diving from a vessel, I am responsible for coordinating with TAMUG Marine Education Support and Safety Operations as needed.

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Signature and Date (*Lead Diver)*

**8. Authority to submit dive plan (to be completed by the Primary Investigator, or Faculty Member responsible for the course/organization listed on this Dive Plan)**

I verify that the lead diver has my authority to submit this plan, and that I have reviewed the information contained on this plan.

I understand that dive plans should be submitted to the appropriate TAMUG DSO at least 5 business days before the expected project travel dates.

I understand that if I am diving from a vessel, I am responsible for coordinating with TAMUG Marine Education Support and Safety Operations to submit a float plan, if necessary.

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Signature and Date (*TAMUG Faculty member responsible for project, course, or Student Organization*)

**9. Final Dive Plan Approval and Authorization**

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

Signature and Date (*TAMUG Diving Safety Officer/DCB Chair*)

NOTES: Please refer to sections 4.22, 4.5 in the TAMUG Diving Safety Manual, as well as any other applicable sections to the specific diving involved in this project.

**Decompression plan example**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Example Decompression Dive Plan : 150’ Helitrox** | | | | | | | | | |
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1. 2 Please note the *Depth Rating* corresponding to the type of plan. A recreational plan should include recreational depth ratings, a scientific plan should include scientific depth ratings. [↑](#footnote-ref-1)