**Date:**

**PI/Project Supervisor:**

**Project Title:**

**Department:**

**Address:** **Email:**

**Dive Plan Purpose:**

**Location:**

**List of Dive Team Members and Authorizations:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Diver Name** | **Lead Diver****Y/N** | **Institution** | **Status Active****Y/N** | **Exp.** **Date** | **Auth. Depth** | **Auth. EAN\*****Y/N** | **Auth.****DC\*\*****Y/N** | **Other Endorsements or Comments** |
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\*EAN = Nitrox \*\*DC = Dive Computer

**Description of Activities**

**Dives**

**Maximum Planned Depth:**  **Dives Per Day:**

**Diving Mode:** SCUBA/rebreather/hookah **Breathing Gas:**

**Dive Tables to be used:** (Y/N) **Dive Computers (where authorized):** (Y/N)

**Will planned profiles require decompression Stops, other than safety stops?** NO

**Environment:** **Platform:**

**Source of Breathing Gas:**

**Type and Name of Vessel:**

**Special Equipment Considerations:**

**List of Dive Team Members with Emergency Contacts:**

**Team Member Emergency Contact Relation Phone 1 Phone 2**

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**Emergency Management Plan**

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| --- | --- | --- | --- | --- |
| **Risk Event** | **Prob. Of Occurrence** | **Severity of Consequences** | **Nature of Consequences**  | **Mediation to be Employed** |
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**Emergency Oxygen On Site?** (Y/N) **Separate Vessel Captain?** (Y/N)

**First Aid Kit On Site?** (Y/N)

**Emergency Contacts**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Agency (closest to site)** | **Location or On Site** | **Est. Response (miles)** | **Est. Response Time** | **Respond Via** | **Contact Via** |
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**VIMS EQUIPMENT NEEDED:**

**TANKS REGULATORS**  **DIVE FLAG** **B.C. Small**  **Med** **Lrg** **X-large**

**WEIGHTS (soft) lbs** **FIRST AID KIT** **O2 KIT** **DIVE COMPUTERS**

**DRYSUIT** **HOOKAH REGULATORS** **AUGA MASKS**

**OTHER (list):**

**EQUIPMENT PICK-UP DATE: / TIME:**

**EQUIPMENT RETURN DATE: / TIME:**

**I agree to follow all AAUS and VIMS diving regulations, and applicable State and Federal law while conducting these operations.**

Signature of Supervisor / Lead Diver Date

Signature of DSO Date

 Signature of DCB (if required) Date