## CSUMB-Logo-Blue-GoldAppendix 8 Dive Plan Form

*It is the lead diver’s responsibility to get DSO approval 48 hours in advance of diving activities*

*then turn in completed form to DSO within 24 hours following diving activities.*

Lead Diver Name:

Project Name:

DIVE PLAN TRACKING ID (assigned at the bottom of your approved dive proposal) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dive Date:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Time In | Time Out | Max Depth |
| Dive 1 |  |  |  |
| Dive 2 |  |  |  |

Dive site name:

Emergency shore contact name:

Phone:

Dive Team

|  |  |  |
| --- | --- | --- |
| ***Name*** | ***Contact Number*** | ***Emergency Contact*****(Name & Number)** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Summary of Dive Objectives and Activities (List support equipment to be used, description of repetitive dive profile, identification of anticipated hazards and mitigation strategies – reference the Research Diving Proposal):

Gear Required from Dive Locker & To Whom Assigned:

Gear pick up AND drop off dates/times (1 hour window):

Comments (reminders, adjustments):

Emergency Response Plan (Must be reviewed with the dive team prior to all diving activities. Please note any additions to standard CSUMB diving emergency protocols – COPY AND PASTE FROM RESEARCH DIVING PROPOSAL):

Means of Communication:

Emergency Care Procedures:

Nearest Accessible Hospital (include contact information):

Nearest operational Recompression Treatment Facility & How to Access (include contact information):

Evacuation Plan (include contact information):

Available Means of Transportation:

DSO Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Field Checklist

[ ]  Safety briefing (Must be reviewed with the dive team prior to all diving activities)

Access to

* DAN O2 kit
* Communications equip
* 1st aid
* Source and expected response time for EMS
* Nearest chamber location and contact info

[ ]  Science briefing (reviewed with the dive team prior to diving activities)

[ ]  Shore Contact notified (entry)

[ ]  Shore Contact notified (exit)

[ ]  Changes to dive plan or incidents (provide comments):

[ ]  Equipment/Gear issues or comments (provide gear number):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**General Emergency 911**

**Monterey County Sheriff Switchboard (831) 647-7911**

**Community Hospital of Monterey**

**General Information (831) 624-5311**

**Emergency Department (831) 625-4900**

**Pacific Grove Hyperbaric Facility**

**Non-Emergency (831) 648-3110**

**Emergency 911**

**Catalina Hyperbaric Facility**

**Non-Emergency (310) 743-6793**

**Emergency (310) 510-1053**

**Divers Alert Network (DAN)**

**Non-Emergency (919) 684-2948**

**Emergency (919) 684-8111**

**CSU Monterey Bay DSO (Andrew Morgan)**

**Cell (530) 383-1564**