## 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**