



Appendix 7 Research Diving Project Plan

Lead Diver Name:

Project Name:

Sponsoring Research Faculty:

Faculty and/or PI Signature: _____

Dive Site Location and Site Description (attach a map, if possible):

Summary of Dive Objectives and Activities (List any additional support equipment required such as dive flag/float, identification of anticipated hazards and mitigation strategies):

Diver Roles (describe in detail activities to be performed by each individual diver):

Science equipment to be used (note which items need to be checked out of the locker *and when you will pick them up*):

☐ Transect tapes ____ (quant)

☐ Reel _____ (quant)

☐ Lights ____ (quant)

☐ Camera ____ (quant)

☐ Camera strobe

☐ Other (describe below)

Gas Management Plan

PSI at which gear retrieval begins _____

PSI at which the dive is terminated _____

PSI at which air sharing begins _____

Emergency Response Plan for Project's Specific Region (Must be reviewed with the dive team prior to all diving activities. Please note any additions to standard CSUMB diving emergency protocols):

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:

Dive Site Access:

☐ Shore

☐ Boat

Breathing gas:

☐ Air

☐ Nitrox

☐ Other

DSO Approval: _____

Date: _____

DIVE PLAN TRACKING ID: _____