**Boston University Dive Plan**

**Instructions:** Please complete and return to the Scientific Diving Safety Officer at [divesafe@bu.edu](mailto:divesafe@bu.edu).

|  |  |
| --- | --- |
| **Project Title:** | **Project Dates:** |
| **Project PI:** | **PI Email:** |



**DIVE TEAM**

*List names, Lead Diver first. Continue on a separate sheet as needed.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **DIVER** | **LEAD\*** | **LEVEL** | **AUTHORIZATIONS** | **EXPIRATION DATE** | **DEPTH AUTHORIZATION (IN FEET)** |
| Name (Last, First):  DAN #: |  | DIT  SD  Reciprocity  Snorkeler  Skin Diver | Dive Computer (DC)  Nitrox (EAN) Dry Suit |  | 30  100  60  130 |
| Name (Last, First):  DAN #: |  | DIT  SD  Reciprocity  Snorkeler  Skin Diver | Dive Computer (DC)  Nitrox (EAN)  Dry Suit |  | 30  100  60  130 |
| Name (Last, First):  DAN #: |  | DIT  SD  Reciprocity  Snorkeler  Skin Diver | Dive Computer (DC)  Nitrox (EAN)  Dry Suit |  | 30  100  60  130 |
| Name (Last, First):  DAN #: |  | DIT  SD  Reciprocity  Snorkeler  Skin Diver | Dive Computer (DC)  Nitrox (EAN)  Dry Suit |  | 30  100  60  130 |
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| Name (Last, First):  DAN #: |  | DIT  SD  Reciprocity  Snorkeler  Skin Diver | Dive Computer (DC)  Nitrox (EAN)  Dry Suit |  | 30  100  60  130 |

*\*Lead Diver must ensure that oxygen unit, first aid kit and radio or cell phone are on site.*

**DIVE SITES**



|  |  |  |
| --- | --- | --- |
| **Dive Site(s):** | | |
| **Site Description(s):**  **Diving Activities:** | | |
| **Max Planned Depth:** | **Max Dives Per Day:** |  |
| **Platform:** Shore  Boat | **Gas:**  Air  Nitrox  Trimix | **Dive Mode:**  OC  CCR |
| **Decompression Planning:** | Tables | Dive Computer: |
|  |  |  |
| **Check all that apply:**  Emergency Oxygen Kit  First Aid Kit  Automated External Defibrillator (AED)  **Special Equipment Considerations:** | | |

**RISK ASSESSMENT**



|  |  |  |  |
| --- | --- | --- | --- |
| **RISK EVENT** | **PROBABILITY** | **SEVERITY** | **MITIGATION** |
|  | Low  Medium  High | Low  Medium  High |  |
|  | Low  Medium  High | Low  Medium  High |  |
|  | Low  Medium  High | Low  Medium  High |  |
|  | Low  Medium  High | Low  Medium  High |  |
|  | Low  Medium  High | Low  Medium  High |  |
|  | Low  Medium  High | Low  Medium  High |  |
|  | Low  Medium  High | Low  Medium  High |  |
|  | Low  Medium  High | Low  Medium  High |  |

**VESSEL INFORMATION**



|  |  |
| --- | --- |
| 1. **Type:**   **Registration Number:**  **Color:**  **Color of Trim:**  **Make:**  **Length:**  **Sail:** | 1. **Type:**   **Registration Number:**  **Color:**  **Color of Trim:**  **Make:**  **Length:**  **Sail:** |

**ENGINES**



**Number:**

**Make:**

**Horsepower:**

**In/Outboard:**

**Fuel Capacity:**

**Canvas Top:**  **Yes**  **No**

**Color of Top:**

**SURVIVAL & SAFETY EQUIPMENT** (Check as appropriate)



**PFDs\***

**Fire Extinguisher\***

**Bell/whistle/horn\***

**Working Radio \***

**Day Signals1**

**Paddles**

**Monitoring Channel Cell Phone**

**Night Signals1**

**Exposure Protection**

**Anchor**

**Sufficient Line Sea Anchor**

**Bailing Device**

**Tool Kit**

**GPS, Compass, and Charts/Maps**

**\* represents required equipment**

1 see USCG regulations for details

**EMERGENCY MANAGEMENT PLAN**



### PRIMARY RESPONSE

1. Diver will be removed from water and stabilized on a backboard if necessary.
2. Make appropriate contact with victim or rescuers as required.
3. Establish (A)irway, (B)reathing, (C)irculation as required.
4. Further stabilize the victim
5. Administer 100% oxygen, if appropriate (in cases of Decompression Illness, or Near Drowning).
6. Activate Emergency Medical System (EMS) for transport to nearest medical treatment facility. Call DAN to assist and track progress of evacuation. Explain the circumstances of the dive incident to the evacuation teams, medics and physicians.
7. Call appropriate Emergency Contacts to follow-through with primary response and prepare for evacuation
8. Notify local DSO and BU DSO or designee
9. Complete and submit Incident Report Form

### SECONDARY RESPONSE / EVACUATION



Will vary based on location/access to dive site

**PRIMARY** **EMERGENCY CONTACTS**



In an emergency, dial 911.

**Emergency Response:** 911

**VHF Radio:** Channel 16 (US)



**SECONDARY** **EMERGENCY CONTACTS**

Dial only *after* you’ve called for emergency response.

**Local Police/Fire/EMS:**

**Divers Alert Network:** 1-919-684-9111 (accepts collect calls)

1-919-684-4326

**US Coast Guard Sector Command Center:**

*Call nearest USCG Station for sector and phone number. View map:* [*https://homeport.uscg.mil/Pages/Sector-Map.aspx*](https://homeport.uscg.mil/Pages/Sector-Map.aspx)

**BU ROHP:** 617-414-ROHP (7647)

### NEAREST MEDICAL FACILITIES



**Nearest Hospital Emergency Room:**

Phone:

Address:

**Nearest Hyberbaric Facility:**

Phone:

Address:

**TRAVEL INFORMATION**



*Only required for international travel.*

**FLIGHT LEGS**



1. **Departure Airport:**

**Arrival Airport:**

**Date:**

**Airline Code/Flight Number:**

1. **Departure Airport:**

**Arrival Airport:**

**Date:**

**Airline Code/Flight Number:**

1. **Departure Airport:**

**Arrival Airport:**

**Date:**

**Airline Code/Flight Number:**

**OTHER MAJOR TRAVEL COMPONENTS** e.g. travel to destination by boat, bus, private vehicle, etc.



### ACCOMODATIONS

**Accommodation Name:**

****

**Address:**

**Date:**

**Contact Number:**

**Email:**

**SIGNATURES & APPROVAL**



# **Project Title: Date:**

# **PI:**

**Dive Plan Begin Date: End Date:**

### LEAD DIVER’S AFFIDAVIT

****

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

**Signature of Lead Diver: Date:**

### PRINCIPAL INVESTIGATOR’S APPROVAL

****

I approve of the planned field activities in my absence.

**Signature: Date:**

**ADMINISTRATIVE DSO USE ONLY**



**Date Received:  
  
  
Date Reviewed by Dive Safety Officer:  
  
  
Remarks, Conditions, or Restrictions:  
  
  
Approved By:  
  
  
Signature:   
  
  
Date Signed:  
  
  
Date Submitted to Diving Control Board:**