**Appendix C (Page 1 of 3)**

|  |
| --- |
| **DIVE PLAN TEMPLATE -** **FOR SCUBA (Air only)** |

**To be completed by the Dive Co-ordinator and dive team in consultation with the Diving Officer.**

|  |
| --- |
| **Dive Team Details** |
| **Dive Co-ordinator:** | **Date of last medical:** | **Contact Number:** |
| Name: | Date of last medical: | Task(s): |
| Name: | Date of last medical: | Task(s): |
| Name: | Date of last medical: | Task(s): |
| Name: | Date of last medical: | Task(s): |

|  |
| --- |
| **Dive Details** |

**Area(s) of dive(s)**:

**Date(s) of dive**: From . \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_ to \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Type of dive(s)** (eg. boat (incl. name of boat), shore, drift)

**Dive Profile**

(specify as far as possible intended depth and duration of proposed dive(s):

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Dive 1** | **SI mins** | **Dive 2** | **SI mins** | **Dive 3** | **SI mins** |
| **Start Time** |  |  |  |  |  |  |
| M |  | M |  | M |  | M |
|  | Mins |  | Mins |  | Mins |  |

|  |
| --- |
| **Hazard Management** |

**Has a risk assessment been completed for this diving activity?**

[ ]  Yes (it has been sighted by Diving Officer)

[ ]  No (I affirm that it will be conducted on site)

**Is this a ‘Sheltered Open Water Site’?**

[ ]  Yes [ ]  No

**Equipment:**

[ ]  All scuba equipment to be used has been serviced in the last 12 months as required by AS/NZS 2299.2:2002

[ ]  Shark shields are required to be worn for all salt water dives.

(Continued)

**SCUBA Appendix C (Page 2 of 3)**

|  |
| --- |
| **DIVE PLAN TEMPLATE -** **FOR SCUBA (Air only)** |

|  |
| --- |
| **General Risk Assessment** |

1. What type of activity is proposed?

|  |
| --- |
|  |

1. Do you anticipate any adverse weather conditions? [ ]  Yes [ ]  No

If yes, what precautions will you take?

|  |
| --- |
|  |

1. What is the anticipated depth? \_\_\_\_\_\_\_\_\_\_\_\_\_ (Note: Scuba diving will not be conducted at depths > 30 metres)
2. Do you anticipate strong currents? [ ]  Yes [ ]  No
(Divers should be able to swim comfortably against any current or a drift dive should be conducted)

If yes, what precautions will you take?

|  |
| --- |
|  |

1. Will divers be subject to altitude during the diving operation? [ ]  Yes [ ]  No

If yes, what precautions will you take?

|  |
| --- |
|  |

1. Are you planning repetitive dives? [ ]  Yes [ ]  No

(If more than two dives a day are conducted on three consecutive days, diving should not be carried out on the fourth day.)

If yes, what precautions will you take?

|  |
| --- |
|  |

1. Two person dive team being requested? [ ]  Yes [ ]  No
(Please justify a two person dive referring to risk assessment.)

|  |
| --- |
|  |

1. Diving equipment, breathing gases and procedures being used during dive:

|  |
| --- |
|  |

(Continued)

**Appendix C (Page 3 of 3)**

|  |
| --- |
| **DIVE PLAN TEMPLATE -** **FOR SCUBA (Air only)** |

|  |
| --- |
| **Emergency Plan** |

**2 copies of the emergency plan are required.** 1x copy for dive team and 1x copy to be retained by the Diving Officer

|  |
| --- |
| **Emergency Contacts** |
| **Emergency Services** | 000 |
| **Divers Emergency Service** (DES) | 1800 088 200 (in Australia)61 8 8212 9242 (International) |

Emergencies involving fatalities, serious injuries or serious decompression illness must be reported to:

1. Emergency Services
2. University Security (08) 8313 5990
3. School/Branch Manager
4. Diving Officer
5. School/Branch Health, Safety and Wellbeing Officer
6. Dive Site: What are the directions to the site(s) for Emergency Services?

|  |
| --- |
|  |

1. Where is/are the nearest hospital(s) to all your proposed dive site(s)? (Please include distance)

|  |
| --- |
|  |

1. Where is the nearest recompression chamber?

|  |
| --- |
|  |

1. Where is your home base while carrying out the proposed dives?

|  |
| --- |
|  |

Phone number at home base

1. Do you have oxygen and a first aid kit at the dive site? [ ]  Yes [ ]  No

|  |
| --- |
| **Communications** |

1. **Communications with dive team**: Mobile

 Satellite phone

 Boat Radio VHF /HF /28Mhz (circle type))

 Does the boat have EPIRB? [ ]  Yes [ ]  No

|  |
| --- |
| **Approval** |

**Dive Co-ordinator Name** **Signature Date**

**Diving Officer Name** **Signature Date**