

8. DIVE PLAN

PROJECT _____ DATES _____
SCIENTIFIC SUPERVISOR _____ DIVE MASTER _____
PURPOSE: Scientific Proficiency Training Recreational
MODE: SCUBA Surface Supplied Other: _____
BREATHING GAS: Air Nitrox (mix _____) Other: _____
DIVE SITE(s): _____

MAXIMUM DEPTH(s) & BOTTOM TIME(s) ANTICIPATED _____
APPROXIMATED NUMBER OF PROPOSED DIVES _____
INDIVIDUAL REPETITIVE DIVE SCHEDULE: Daily: _____
Weekly: _____

SUMMARY OF PROPOSED WORK (List equipment & boats to be employed, a description of site conditions, and details of any hazardous conditions anticipated. Use additional paper as needed.):

REQUIRED CONTACT INFORMATION (List location, telephone number and, if prudent, detailed directions):
Hospital: _____
Ambulance: _____
Law Enforcement: _____
Recompression Chamber: _____
Divers Alert Network: (919)684-8111

EQUIPMENT OR SUPPORT REQUESTED FROM THE DIVING SAFETY OFFICE: _____

PARTICIPANTS:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PREPARED BY _____ APPROVED BY: _____ DATE: _____