

7. APPENDIX B - DIVE PROPOSAL FOR SCUBA (page 1 of 3)

Dive coordinator:		Date of last medical:	
Contact Phone Number:			

List of Dive Team Members:

Name:		Date of last medical:	
Name:		Date of last medical:	
Name:		Date of last medical:	
Name:		Date of last medical:	

Person to be notified on leaving and returning to the University/ Field Camp:

Name:		Phone number:	
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Location(s) (**latitude and longitude or Grid Reference**) of Dive(s)

Location 1:	
Location 2:	

Date(s):

From:		To:	
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Type of Dive(s):

i.e. Boat type and name, shore, drift etc	
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Dive Profile:

	Dive 1	SI (min)	Dive 2	SI (min)	Dive 3	SI (min)
Start time						
Max depth						
Total dive time						

Risk Assessment:

Does this site have a registered Risk Assessment and Emergency Plan? YES / NO

Is there a copy on site? YES / NO

I affirm that a Risk Assessment will be conducted on site. (Signature)	
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Sheltered Open Water Site:

Is this site a 'Sheltered Open Water Site' as specified in 4.3.2 in the Scuba Diving Operations Manual? YES / NO

Equipment:

Has all of the SCUBA equipment to be used been serviced in the past 12 months or as required by AS/NZ 2299.2:2002? YES / NO

Signature (Coordinator):		Date:	
Signature (Diving Safety Officer):		Date:	

GENERAL RISK ASSESSMENT FOR DIVE PROPOSAL (page 2 of 3)

1. *What type of work is proposed?*

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2. *Hazards*

General Hazards	Yes / No	General Hazards	Yes / No
Sharp Edges	Yes / No	Soft Sediment Benthos	Yes / No
Entanglement	Yes / No	Gases	Yes / No
Exceeding Maximum Depth	Yes / No	Remote Sites	Yes / No
Overhead Environment	Yes / No	Dangerous Marine Animals	Yes / No
Shipping	Yes / No	Difficult Access	Yes / No
Tide / Currents	Yes / No	Cold	Yes / No
Decompression	Yes / No	Pollution	Yes / No
Boat Traffic	Yes / No	Thermal Hazards	Yes / No
Distance	Yes / No	Isolation	Yes / No
Dispersion	Yes / No	Altitude	Yes / No
Walls	Yes / No	Noise	Yes / No
Poor Visibility	Yes / No	Other	

3. *If any of the above applies, indicate your mitigating measures:*

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Dive Proposal Approved by DSO:		Date:	
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Two person dive team, approved subject to conditions as specified in 4.3.2 in the UNSW Scuba Diving Operations Manual? YES / NO

Record Submitted (DSO Signature):		Date:	
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EMERGENCY PLAN FOR DIVE PROPOSAL (page 3 of 3)

2 COPIES:

- Copy for Dive Team
- Copy to be retained by Diving Officer

Emergency Phone Number:	000
Mobile Emergency Number:	112

Divers Emergency Service (DES):

In Australia	1800 088 200
International	61 8 8212 9242

Dive Site:	
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(If there are multiple sites, then an Emergency plan MUST be completed for each location)

What are the directions to the dive site for Emergency Services?

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Where is/are the nearest hospitals to your proposed dive site and Telephone Number?

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Where is the nearest Recompression Chamber and Telephone number?

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

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Phone number at home base?	
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Do you have OXYGEN at the dive site?	YES / NO
Do you have FIRST AID at the dive site?	YES / NO

Communications with dive team:

Mobile 1	
Mobile 2	
Satellite Phone	
Boat Radio	VHF / HF / 28Mhz
Does the boat have an EPIRB?	YES / NO

Emergencies involving fatalities, serious injuries or serious decompression illness must be reported as soon as possible to the University contacts. The Risk Management Office must also be promptly informed of any such emergencies in order to comply with legal requirements. The Risk Management Office telephone number is 02 9385 1565