

**DIVE PROPOSAL FOR SCUBA (page 1 of 3)**

Dive coordinator:		Medical expiry:	
First Aid Expiry:		O2 Expiry:	
Contact Phone Number:			

Other Dive Team Members (including non-divers):

Name:		Medical expiry:	
First Aid Expiry:		O2 Expiry:	
Name:		Medical expiry:	
First Aid Expiry:		O2 Expiry:	

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:	

Type of Dive(s):

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

	Date	Location	Start time	Max depth	Dive time	EBT (ABT x RF)	RG	SI mins	RF
Dive 1									
Dive 2									
Dive 3									

Has a Risk Management Form for your proposed work been approved by the UNSW HS officer? YES / NOHas a Site Assessment of the proposed site been completed? YES / NO

If not, 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? YES / NO

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

1. What type of work is proposed? Please note the tasks/duties of EACH member of the dive team. Please note any diving equipment or gas used other than SCUBA and AIR.

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## 2. Hazards

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

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

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Surface attendant not required as diving in sheltered water under exceptional circumstances. Approved subject to conditions as specified in 4.3.2 in the UNSW Scuba Diving Operations Manual? YES / NO

EMERGENCY PLAN FOR DIVE PROPOSAL (page 3 of 3)

<b>Emergency Phone Number:</b>	<b>000</b>
<b>Mobile Emergency Number:</b>	<b>112</b>
<b>Divers Emergency Service (DES) in Australia</b>	<b>1800 088 200</b>
Divers Emergency Service (DES ) 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 and what is the phone number?

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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/ NA
Does the boat have an EPIRB?	YES / NO / NA

Emergencies involving fatalities, serious injuries or serious decompression illness must be reported as soon as possible to the University contacts.

I acknowledge that I will brief the entire dive team on all aspects of this Dive Proposal prior to diving and I will keep a copy on the dive site.

Coordinator Signature:		Date:	
Approved by DSO:		Date:	