# 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: |  |

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 |  |

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 / NO

Has 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) |  |

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 If not, surface support is required.

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.

|  |
| --- |
|  |

1. *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 or Shipping | Yes / No | Noise | Yes / No |
| Restricted/Limited Divers | Yes / No | Altitude (eg Mount White and Mount Ousley) | Yes / No |
| Poor Visibility | Yes / No | Distance | Yes / No |
| Dangerous Marine Animals | Yes / No | Gases | Yes / No |
| Walls | Yes / No | Powered Tools | Yes / No |
| Overhead Environment | Yes / No | Other |  |

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

|  |
| --- |
|  |

EMERGENCY PLAN FOR DIVE PROPOSAL (page 3 of 3)

|  |  |
| --- | --- |
| **Emergency Phone Number:** | **000** |
| **Mobile Emergency Number:** | **112** |
| **Divers Emergency Service (DES) in Australia** | **1800 088 200** |
| Divers Emergency Service (DES ) International | +61 8 8212 9242 |

|  |  |
| --- | --- |
| Dive Site: |  |

(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?

|  |
| --- |
|  |

Where is/are the nearest hospitals to your proposed dive site and telephone number?

|  |
| --- |
|  |

Where is the nearest recompression chamber and telephone number?

|  |
| --- |
|  |

Where is your home base while carrying out the proposed dives and what is the phone number?

|  |
| --- |
|  |

|  |  |
| --- | --- |
| 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: |  |