# ONSITE PREDIVE PLAN AND RISK ASSESSMENT

*To be completed by the Dive Coordinator before each dive and returned to the Dive Officer*:

|  |  |
| --- | --- |
| Dive coordinator: |  |
| Date: |  |
| Location: |  |
| Maximum depth for each team: |  |
| Bottom time for each team: |  |

*Circle/tick all applicable hazards and measures taken, then initial when done*:

|  |  |  |  |
| --- | --- | --- | --- |
| **Identified Hazards** | **Possible Hazards** | **Measures Taken** | **Comments / Initial** |
| Weather | Nil, Wind Speed, Direction | Forecast, Monitor, Cancel |  |
| Sea state | Smooth, Slight, Moderate, Rough | Monitor, Revise plan, Cancel |  |
| Underwater | Nil, Low Visibility, Entrapment, Tide | Check Visibility, Revise Plan, Cancel, Shark shield |  |
| Pollution | Assumed negligible, High Level | Monitor, Revise Plan, Cancel |  |
| Depth | Nil, Possibility of exceeding depth | Max Depth/Direction given |  |
| Temperature | Nil, Excessive Cold/ Heat | Suitable diving protection |  |
| Access | Shore, Boat, Platform | Ladder provided, Other |  |
| Boat Traffic or Shipping | Nil, Present, Port Traffic,  | VHF monitored, Lookout, Dive Flag, Liaise with Skipper |  |
| Diving Safety  | Ears, Lungs, Separation, Air checks | Briefed, SMB, times and depths etc |  |
| Dangerous Marine Animals | Assumed negligible, Present, Abundant  | Brief, Monitor, Revise plan, Abort, Shark shield |  |
| Thermal Exposure | Shade, Rehydration, Sunscreen, Protective clothing | Monitor, Revise Plan, Abort |  |
| Other / Comments |  |  |  |

*Checklist (tick or initial when done)*:

|  |  |  |
| --- | --- | --- |
| **Category** | **Prompts** | **Done?** |
| Divers | Feeling fit for the dive?  |  |
| Adequately experienced for the dive?  |  |
| Briefed on dive plan and tasks? |  |
| Emergency Plan | Recompression Chamber available and location determined?  |  |
| Emergency plan discussed with team? |  |
| Dive Plan | Dive Plan has been approved by DSO?  |  |
| Authorities notified? |  |
| Safety Equipment  | Oxygen checked and working? First aid kit?  |  |
| Diver recall system? |  |
| Alternate exit established? |  |
| Mobile phone signal/charged? VHF working?  |  |
| Has the need for shark shields been assessed using the parameters in the BEES SCUBA Operations Manual? |  |
| Pre-dive equipment checks? BWRAF. |  |
| Dive Knives? Safety Sausages? |  |

SURFACE SUPPORT

|  |  |
| --- | --- |
| Is there a qualified Surface Support Person? | YES / NO |

If NO: (If YES, skip to physiological factors)

|  |  |
| --- | --- |
| Is the depth less than 12m? | YES / NO |
| Is visibility greater than 4m? – check if necessary | YES / NO |
| Is wave height less than 1m? | YES / NO |
| Is current nil to slight? | YES / NO |
| Is it daylight hours? | YES / NO |
| Do you have a portable dive flag to carry whilst diving? | YES / NO |
| Are third party assistance readily available (public or Emergency Call Person)? | YES / NO |

If the answer was NO to any of the above questions – ABORT DIVE.

PHYSIOLOGICAL FACTORS:

*Do the dives include:*

|  |  |
| --- | --- |
| Multiple ascents? | YES / NO |
| Repetitive dives? | YES / NO |
| Multi-day dives? | YES / NO |
| Excessive exertion? | YES / NO |
| Other (please specify) | YES / NO |

If YES, describe hazard and precautions taken:

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| --- |
|  |

|  |  |
| --- | --- |
| *Do any divers have Residual Nitrogen* (*have they dived in the last 18 hours)?*  | YES / NO |

If YES, calculate Dive Tables accordingly and ensure diver does not exceed approved dive plan.

Dive coordinator:

|  |  |
| --- | --- |
| Name (please print) |  |
| Signature: |  | Date: |  |

Dive Team:

By signing this, I acknowledge that I have been briefed on the dive plan, my tasks, the associated risks, safety considerations and emergency procedures.

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Signature: |  |
| Name: |  | Signature: |  |
| Name: |  | Signature: |  |
| Name:  |  | Signature: |  |
| Name:  |  | Signature: |  |
| Name:  |  | Signature: |  |