

DIVE PLAN TEMPLATE - FOR SCUBA (Air only)

To be completed by the Dive Co-ordinator and dive team in consultation with the Diving Officer.

Dive Team Details		
Dive Co-ordinator:	Date of last medical:	Contact Number:
Name:	Date of last medical:	Task(s):
Name:	Date of last medical:	Task(s):
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Dive Details

Area(s) of dive(s): _____

Date(s) of dive: From . ____/____/____ to ____/____/____

Type of dive(s) (eg. boat (incl. name of boat), shore, drift) _____

Dive Profile

(specify as far as possible intended depth and duration of proposed dive(s):

	Dive 1	SI mins	Dive 2	SI mins	Dive 3	SI mins
Start Time						
M		M		M		M
	Mins		Mins		Mins	

Hazard Management

Has a risk assessment been completed for this diving activity?

- Yes (it has been sighted by Diving Officer)
- No (I affirm that it will be conducted on site)

Is this a 'Sheltered Open Water Site'?

- Yes No

Equipment:

- All scuba equipment to be used has been serviced in the last 12 months as required by AS/NZS 2299.2:2002
- Shark shields are required to be worn for all salt water dives.

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General Risk Assessment

1. What type of activity is proposed?

2. Do you anticipate any adverse weather conditions? Yes No

If yes, what precautions will you take?

3. What is the anticipated depth? _____ (Note: Scuba diving will not be conducted at depths > 30 metres)

4. Do you anticipate strong currents? Yes No

(Divers should be able to swim comfortably against any current or a drift dive should be conducted)

If yes, what precautions will you take?

5. Will divers be subject to altitude during the diving operation? Yes No

If yes, what precautions will you take?

6. Are you planning repetitive dives? Yes No

(If more than two dives a day are conducted on three consecutive days, diving should not be carried out on the fourth day.)

If yes, what precautions will you take?

7. Two person dive team being requested? Yes No

(Please justify a two person dive referring to risk assessment.)

8. Diving equipment, breathing gases and procedures being used during dive:

(Continued)

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Emergency Plan

2 copies of the emergency plan are required. 1x copy for dive team and 1x copy to be retained by the Diving Officer

Emergency Contacts	
Emergency Services	000
Divers Emergency Service (DES)	1800 088 200 (in Australia) 61 8 8212 9242 (International)

Emergencies involving fatalities, serious injuries or serious decompression illness must be reported to:

1. Emergency Services
2. University Security (08) 8313 5990
3. School/Branch Manager
4. Diving Officer
5. School/Branch Health, Safety and Wellbeing Officer

9. Dive Site: What are the directions to the site(s) for Emergency Services?

10. Where is/are the nearest hospital(s) to all your proposed dive site(s)? (Please include distance)

11. Where is the nearest recompression chamber?

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

Phone number at home base _____

13. Do you have oxygen and a first aid kit at the dive site? Yes No

Communications

14. **Communications with dive team:** Mobile _____
 Satellite phone _____
 Boat Radio VHF /HF /28Mhz (circle type)
 Does the boat have EPIRB? Yes No

Approval

Dive Co-ordinator Name _____ **Signature** _____ **Date** _____

Diving Officer Name _____ **Signature** _____ **Date** _____

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