

\$SSHQGL[
+ 3 8 6 F UHFQ WLY LQJ 'LYH 3 ODQ 3 URSRVDO

Name: _____

Date submitted: _____

Dive Site (location description): _____

Dive Site Coordinates: _____

Planned Depth: _____

Proposed date(s) for planned diving: _____

Planned bottom time per dive: _____

Number of dives planned: _____

If #>1, surface interval time: _____

Time of day start diving: _____

Time end diving: _____

Breathing Gas: Air Nitrox (% EAN)

6 R X U F H R I D L U ¿ O O

Dive planning mode: Computer Tables

Computer model/table: _____

Type of dive/platform: Shore Boat

Pier

If boat, name/type: _____

Boat operator: _____

Project name: _____

Contact info: _____

Project supervisor: _____

Lead Diver: _____

Contact #: _____

Email: _____

Diver and Phone #	Certi cation Level	Depth Rating	DAN #	Emergency Contact		
				Name	Phone	Relationship

& H U W L ¿ F D W L R Q O H Y H O 6' V F L H Q W L ¿ F G L Y H U R U ', 7 V F L H Q W

Describe the goals and objectives of the proposed dive operations

Equipment plan to use/need:

RISK ASSESSMENT:

/LVW DQ\ SRWHQWLDO VDIHW\ KDJDUGV \RX PD\ HQFRXQWHU IR

'HVFLUEH KRZ \RX SODQ WR PLWLJDWH WKH ULVNV OLVWHG DE

EMERGENCY INFORMATION

Kuakini Chamber ph: _____ Distance to chamber: _____ Transit time to chamber: _____

Nearest emergency room: _____ Phone: _____

Distance to ER: _____ Transit time to ER: _____

Anticipated means of emergency transport: _____

Backup means of transport: _____

*HQHUDO FRQVLGHUDWLRQV IRU GLYH SODQV

'LYH SODQV PXVW EH VXEPLWWHG IRU DSSURYDO DW OHDVW ¿Y

\$OO GLYHUV LQFOXGHG LQ WKLV SODQ DUH DXWKURLJHG WR GL

Any diver has the right to refuse to dive without fear of penalty if he or she feels any of the following:

- GLVFRPIRUW RU ODFN RI PHQWDO DZDUHQHV RU KHDOWK
- WKH FRQGLWLRQV DUH XQVDIH RU XQIDYRUDEOH
- WKH GLYH YLRODWHV WKH SUHFHSWV RI WKHLU WUDLQLQJ
- WKH GLYH YLRODWHV WKH UHJXODWLRQV VHW IRUWK E\ W

\$// GLYH SODQV 0867 EH SODQQHG DQG DFWHG XSRQ WKH OHYH

'LYHUV ZLOO DVFHQG QR IDVWHU WKDQ IHHW PLQ DQG SHUIR

Dive plans will be planned conservatively DQG SODQQHG IRU GHSHVW GLYHV ¿UV
VXEVTXHGW GLYHV

6XUIDFH LQWHUYDOV EHWZHHQ GLYHV ZLOO EH PD[LPLJHG DV P

'LYHUV VKRXOG RQO\ XVH 6&8%\$ JHDU WKDW LV ZLWKLQ +38 UH

(DFK GLYHU PXVW GLYH DFFRUGLQJ WR KLV KHU SODQ L H EXC
JHVWHG E\ RQH PHPEHU¶V FRPSXWHU LQ RUGHU WR H[WHQG GL

\$OO GLYHUV ZLOO UHYLHZ WKH 'LYH \$FFLGHQW 0DQDJHPHQW 3O
RI WKH (PHUJHQF\ \$FWLRQ 3ODQ ZLOO EH SUHVHQW DQG HDVLO

(PHUJHQF\ R[\JHQ VXSSO\ D GLYHU¶V ¿UVW DLG NLW DQG D VD

I attest that all the information above is accurate and carefully considered prior to submitting this plan.

6LJQDWXUH DQG GDWH OHDG GLYHU

+38 'LYH 6DIHW\ 2I¿FHU 'LYH &RQWURO %RDUG 8

Approved