

Virginia Institute of Marine Science Dive Plan

Date:

For:

PI/Project Supervisor:

Project Title:

Department:

Phone:

Address:

Email:

Dive Plan Purpose:

Location:

List of Dive Team Members and Authorizations:

Diver Name	Lead Diver Y/N	Institution	Status Active Y/N	Exp. Date	Auth. Depth	Auth. EAN* Y/N	Auth. DC** Y/N	Other Endorsements or Comments

*EAN = Nitrox **DC = Dive Computer

Description of Activities

Virginia Institute of Marine Science Dive Plan

Dives

Maximum Planned Depth: Dives Per Day: Total Daily Bottom Time:

Diving Mode: Breathing Gas:

Dive Tables to be used: Dive Computers (where authorized):

Will planned profiles require decompression Stops, other than safety stops?

Environment: Platform:

Source of Breathing Gas:

Type and Name of Vessel:

Special Equipment Considerations:

List of Dive Team Members with Emergency Contacts:

Team Member	Emergency Contact	Relation	Phone 1	Phone 2
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Emergency Management Plan

Risk Event	Prob. Of Occurrence	Severity of Consequences	Nature of Consequences	Mediation to be Employed

Virginia Institute of Marine Science Dive Plan

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Emergency Oxygen On Site?

Separate Vessel Captain?

First Aid Kit On Site?

Emergency Contacts

Agency (closest to site)	Location or On Site	Est. Response (miles)	Est. Response Time	Respond Via	Contact Via
Coast Guard					
Rescue/EMT					
Closest Hospital					
Hyperbaric Center					
DAN					
DSO 1					
DSO 2					

VIMS EQUIPMENT NEEDED:

TANKS REGULATORS DIVE FLAG B.C. Small Med Lrg X-large

WEIGHTS (soft) lbs FIRST AID KIT O2 KIT DIVE COMPUTERS

DRYSUIT HOOKAH REGULATORS AUGA MASKS

OTHER (list):

EQUIPMENT PICK-UP DATE: / TIME:

EQUIPMENT RETURN DATE: / TIME:

Virginia Institute of Marine Science
1375 Greate Road
Gloucester Point, Virginia 23062-1346

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I agree to follow all AAUS and VIMS diving regulations, and applicable State and Federal law while conducting these operations.

Signature of Supervisor / Lead Diver

Date

Signature of DSO

Date

Signature of DCB (if required)

Date