

Appendix 4: Dive Plan Proposal Form

TAMUG Classification of Proposed Diving Activity: ___ Scientific ___ Recreational

1. Basic Information

Date Submitted		Proposed Expedition Dates	
Dive Site Location (Name or GPS co-ordinates)			Date of current Air Test?
Lead Diver (Include Name, phone, e-mail)			
Lead Faculty Member		Contact #	
TAMUG Department/Organization			
Total # Project Dives planned	_____ divers x _____ dives each = _____ total dives		

2. Diving Activities (Detailed description, risk assessment and mitigation):

Work Proposed							
Equipment Required (e.g., equipment requested from TAMUG Dive locker, Emergency O ₂ and First Aid Kits)		Qty		Qty		Qty	
	O ₂ kit		Regulator		Weight		Other:
	1 st aid kit		BC		Trail line		
	AED		Tanks/mix		Dive flag		
	Backboard		Computer		SMB		
	Analyzer		Save-a-dive				
Diving Risk Assessment (e.g., evaluate hazards, dive complexity, diver task loading and experience)							
Safety Precautions and Efforts to Mitigate Risk							

3. Roster of Divers (Append additional sheets if necessary):

Name of Diver	Applicable Certs	Depth Rating ²	Use Pers equip? On file?	DAN # level & exp date	Diver cell	Emergency Contact		
						Name	Phone	Relation

² Please note the *Depth Rating* corresponding to the type of plan. A recreational plan should include recreational depth ratings, a scientific plan should include scientific depth ratings.

5. Proposed Dive Profiles:

- Table-based planning include max depth & time, surface intervals, gas mix and letter designations before and after each dive.
- Computer-based profiles include max depth, max time, surface intervals and gas mix.
- Planed deco dives include detailed profiles including; max depth, total run time, stop depths and times, gas mixes, gas switch depths, and required volume for each gas (An example plan is included at the end of this document, plans do not need to exactly match this format).
- All dive plans deeper than 150 feet must be approved by the DCB.

Primary planning method: ___ tables ___ computer ___ dive software

6. Emergency Management Plan: (a) emergency contact information for each diver (name, relationship, and telephone number), (b) nearest recompression chamber **that treats divers on an emergency basis**, (c) nearest accessible hospital, and (d) anticipated means of transport for a diving victim. Refer to the TAMUG Diving Safety Manual for required equipment and emergency planning.

Nearest Dive Emergency Hyperbaric Chamber	Memorial Hermann Wound Care - Texas Medical Center (multiplace chamber)
<i>Address</i>	6411 Fannin St, Houston, TX 77030
<i>Phone</i>	(713) 704-4000 (Direct Chamber line: (713) 704-4268)
<i>Hours of operation</i>	24hours. On-call for diver emergencies.
<i>Distance from primary location (miles and estimated travel time)</i>	
Nearest Hospital	
<i>Address</i>	
<i>Phone</i>	
<i>Hours of operation</i>	
<i>Distance from primary location (miles and estimated travel time)</i>	
Nearest Urgent Care	
<i>Address</i>	
<i>Phone</i>	
<i>Hours of operation</i>	
<i>Distance from primary location (miles and estimated travel time)</i>	
DAN Medical Info Phone	919-684-2948
DAN Emergency Phone	919-684-9111
Emergency Numbers	
Anticipated Means of Victim Transport	
Emergency Action Procedures	

7. Verification of Administrative Requirements (to be completed by the Lead Diver, who is the person submitting the dive plan)

I verify that ALL divers that are listed above in this Dive Plan have current and up-to-date personal diver files, with all administrative requirements outlined in the TAMUG Diving Safety Manual.

I understand that any diver has the right to refuse to dive for any reason, without fear of penalty, and should do so if they feel the conditions are unsafe for diving, or the dive violates the precepts of their training or the TAMUG Diving Safety Manual.

I understand that all dive plans must be based on the competency of the least experienced diver.

I understand that if I am diving from a vessel, I am responsible for coordinating with TAMUG Marine Education Support and Safety Operations as needed.

Signature and Date (*Lead Diver*)

8. Authority to submit dive plan (to be completed by the Primary Investigator, or Faculty Member responsible for the course/organization listed on this Dive Plan)

I verify that the lead diver has my authority to submit this plan, and that I have reviewed the information contained on this plan.

I understand that dive plans should be submitted to the appropriate TAMUG DSO at least 5 business days before the expected project travel dates.

I understand that if I am diving from a vessel, I am responsible for coordinating with TAMUG Marine Education Support and Safety Operations to submit a float plan, if necessary.

Signature and Date (*TAMUG Faculty member responsible for project, course, or Student Organization*)

9. Final Dive Plan Approval and Authorization

Signature and Date (*TAMUG Diving Safety Officer/DCB Chair*)

NOTES: Please refer to sections 4.22, 4.5 in the TAMUG Diving Safety Manual, as well as any other applicable sections to the specific diving involved in this project.

Decompression plan example

Example Decompression Dive Plan : 150' Helitrox

Levels		Deco gases			Plan Settings		Consumption			
Depth	Time	Mix	Mix	Usage	Depth	Algorithm	ZHL16-B GF	30/70	Mix	Volume
150	25	Tx24/30	oxygen	OC	20				Tx24/30	123.5 cuft
									oxygen	14.9 cuft

Plan

RT	Action	Depth	Time	Mix	CNS	ppO2	EAD/END	GF
60	Surface			oxygen				70
60	Deco	15	13	oxygen	+10 = 34	1.46	0/15	62
46	Deco	20	2:30	oxygen	+6 = 24	1.61	0/20	60
43	Deco	30	7	Tx24/30	+0 = 17	0.46	4/11	55
36	Deco	40	3	Tx24/30	+0 = 17	0.53	10/18	50
32	Deco	50	1	Tx24/30	+0 = 16	0.61	16/25	45
31	Deco	60	1	Tx24/30	+0 = 16	0.68	21/32	40
30	Deco	70	1	Tx24/30	+0 = 16	0.76	27/39	35
28	Deco	80	0:41	Tx24/30	+0 = 16	0.83	33/46	30
25	Offgassing	102		Tx24/30				
25	Level	150	22:30	Tx24/30	+14 = 15	1.35	74/95	
3	Descend	150		Tx24/30				