| DIVE PLAN TEMPLATE - FOR SCUBA (Air only) |
|---|

| General Risk Assessment |
|---|

1.  What type of activity is proposed?

    
2.  Do you anticipate any adverse weather conditions?  ☐ Yes    ☐

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## DIVE PLAN TEMPLATE - FOR SCUBA (Air only)

### 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)<br>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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