

OCEAN STUDIES INSTITUTE DIVE PLAN

Lead Diver for the project: _____

It is the responsibility of the lead diver to ensure that all divers and equipment used is approved

Name and Description of Project

[Empty box for Name and Description of Project]

Project Location and Duration: _____

Estimated maximum depths and bottom times anticipated:

Depth

Time

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Estimated number of dives required to complete project: _____

List any special equipment, dicing conditions, or boats to be used:

[Empty box for special equipment, dicing conditions, or boats to be used]

Type of gas (air, nitrox, mixed): _____

Other Divers (and affiliation, if other than OSI) involved with the project:

Name (Affiliation)	Certification Depth
_____	_____
_____	_____
_____	_____

Emergency Contact: _____ Emergency Phone: _____

List the emergency information (i.e. nearest chamber, hospital or medical facility, phone #s, evacuation plans, oxygen availability, etc.) for the dive location

[Empty box for emergency information]

Faculty Advisor Approval: _____ Date: _____

Diving Officer Approval: _____ Date: _____