

## DIVE PLAN APPROVAL

Dive Date/s		RAMP #	
Project Name			
Dive Coordinator			

### ACTIVITY OUTLINE

Field work location	Car travel time/day(h)	Hours worked/day (Drive + field + Lab + prep time)	TAS Approval (Yes, No Pending)

*Note: Add extra rows for multiply day dive trips.*

Vessel Name:	
Boat trailer will be parked at:	

Divers Name:	Phone #	Dives/ day:	Restricted/ Scientific Diver	First Aid (exp. date)	DAN O2 (exp. date)	Medical (exp. date)	Boat Licence (Y/N)

## WEATHER FORECAST

Wind		Swell		Seas	
Marine warnings:					

## FITNESS LEVEL

**LOW**

- Single dive- observation

**MEDIUM**

- Repetitive dives- observation
- Single dive- long transects (200m+)
- Single dive- strong current

**HIGH**

- Repetitive dives long transects (200m+)
- Repetitive dives- strong current

## FLUID MANAGEMENT

Personal water	<input type="checkbox"/>	L	
Reserve water	<input type="checkbox"/>	L	

## DIVES

Day #: 1	Dive 1	Dive 2				
SI from last dive (Hours)						
RF						
Est. Depth (Meters)						
Deco limit (Mins)						
Est. dive time (Mins)						
Effective bottom time (Mins)						
RG						
Buddy pair/standby diver						
Dive leader						
Surface support						

*For multiple days diving insert the required number of dive plan table.*

Do any special conditions need to be adopted above and beyond normal safe diving practice?

## SAFETY EQUIPMENT

### PERSONAL PROTECTIVE EQUIPMENT

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> Hat              | <input type="checkbox"/> Suitable clothing | <input type="checkbox"/> Appropriate footwear | <input type="checkbox"/> Sunscreen     |
| <input type="checkbox"/> Wet-weather gear | <input type="checkbox"/> Dive knife        | <input type="checkbox"/> Wetsuit              | <input type="checkbox"/> Shark shields |

### OTHER

- |  |   |                                |  |
|--|---|--------------------------------|--|
| <input type="checkbox"/> First aid kit | <input type="checkbox"/> Oxygen first aid equipment | <input type="checkbox"/> Other | <div style="border: 1px solid black; width: 200px; height: 20px;"></div> |
|--|---|--------------------------------|--|

## EMERGENCY PROCEDURES

Emergency procedures can be found in the SSCI emergency procedures manual.

- Lost buddy procedures must be discussed in every pre-dive briefing.
- Sufficient oxygen (O<sub>2</sub>) must be carried in the boat and the vehicle to ensure the patient receives 100% O<sub>2</sub> during the entire evacuation procedure, from the dive location to the medical facility.

Expected evacuation location	
Expected evacuation time to transport any patient to nearest facility	
Number of oxygen cylinders and size required	

## EMERGENCY CONTACTS

Divers emergency services	1800 088 200
Chamber location and phone #	Fiona Stanley - Hospital Hyperbaric Unit - (08) 6152 2222
Sea rescue log in details	
Nearest medical/police contact/location and phone #	

The Dive Coordinator must ensure all personnel involved in this boating/diving operation are made aware of any hazards that exist at the dive location and any task related. No boating or diving shall be attempted unless the area and conditions are deemed to be safe for the type of work that is intended to be carried out.

TASK SPECIFIC HAZARD	CONTROLS / DESCRIPTION
Diver to diver communication	
Diver to surface communication	
Diver emergency recall	
Fouling/entrapment	
Water temperature	
Description of underwater terrain	
Isolation of dive site	
Pre-dive fitness	
Manual handling	
Dive platform	
Boat handling	
Tides/Currents	
Dangerous marine life	
Marine traffic	
>50M from boat	
Disorientation/lost	

## PARTICIPANT DECLARATION

- The information I have supplied on this form is correct
- I shall take reasonable care for my own health and safety as well as reasonable care as not to adversely affect the health and safety of others
- I shall comply, so far as I am reasonably able, with any instruction that is given by my supervisor, and with any University policy or procedure
- I acknowledge my participation in a fieldwork activity may be terminated in circumstances where I do not work in a safe manner
- I shall follow my first aid and required medication plan
- I have received an induction from my supervisor and signed the induction form
- I have read and understood the Risk Assessment Management Plan (RAMP) for the project I am working on
- I am aware of the skills and abilities required for me to complete this work
- I am physically fit to undertake the project tasks

NAME	SIGNATURE	DATE

## TRIP SUPERVISOR DECLARATION

What is your supervisory role in this project?

- Dive Coordinator
- Vessel Operator
- Other

- I have provided participants with all relevant induction/s
- They have read the RAMP and are aware of the risks
- I have taken any health and fitness issues into account, adjusted the RAMP as required and sourced the relevant approvals for any residual risks of substantial or above, as per the University's Acceptance Criteria
- I have forwarded a copy of this form and all certificates to the Field Safety Officer

NAME	SIGNATURE	DATE

## FIELD SAFETY OFFICER DELEGATE

NAME	SIGNATURE	DATE