



Coastal and Marine Laboratory
Academic Diving Program



Proposed Plan of Diving Operations

From: _____
Name (Print clearly)

Date: _____

Institution _____

Department _____

Objective of Diving Operation(s): _____

Date(s) of Diving Operation(s): _____

List of Divers: Name	Diving Status	Emergency Contact	
		Phone Number	Relationship
Diving Supervisor/ Diver in Charge:			
Other Divers:			

Location of Diving Operations: _____

Dive Profile Information:
 Maximum Depth _____ fsw Planned Bottom Time / dive _____
Number of Dives Planned _____
Will Repetitive Diving occur YES / NO If so, no. of repetitive dives / diver _____
Diving Mode (Scuba, Surf. Supplied, etc.) _____
Breathing Gas(es) to be Used _____
Diving Platform _____
Anticipated Hazards _____
Communications Channels / Cell Numbers, Etc. for Dive Site _____

Emergency Plan: Attach copy of Emergency Plan

Approved by FSU UDO: _____
Signature

_____ Date