## CSUMB-Logo-Blue-GoldAppendix 7 Research Diving Project Plan

Lead Diver Name:

Project Name:

*Sponsoring Research Faculty:*

Faculty and/or PI Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dive Site Location and Site Description (attach a map, if possible):

Summary of Dive Objectives and Activities (List any additional support equipment required such as dive flag/float, identification of anticipated hazards and mitigation strategies):

Diver Roles (describe in detail activities to be performed by each individual diver):

Science equipment to be used (note which items need to be checked out of the locker *and when you will pick them up*):

[ ]  Transect tapes \_\_\_\_ (quant) [ ]  Reel \_\_     \_\_ (quant)

[ ]  Lights \_\_\_\_ (quant)

[ ]  Camera \_\_\_\_ (quant) [ ]  Camera strobe

[ ]  Other (describe below)

Gas Management Plan

PSI at which gear retrieval begins \_\_\_\_\_\_\_\_\_\_\_\_

PSI at which the dive is terminated \_\_\_\_\_\_\_\_\_\_\_

PSI at which air sharing begins \_\_\_\_\_\_\_\_\_\_\_

Emergency Response Plan for Project’s Specific Region (Must be reviewed with the dive team prior to all diving activities. Please note any additions to standard CSUMB diving emergency protocols):

Means of Communication:

Emergency Care Procedures:

Nearest Accessible Hospital (include contact information):

Nearest operational Recompression Treatment Facility & How to Access (include contact information):

Evacuation Plan (include contact information):

Available Means of Transportation:

Dive Site Access:

[ ]  Shore

[ ]  Boat

Breathing gas:

[ ]  Air

[ ]  Nitrox

[ ]  Other

DSO Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DIVE PLAN TRACKING ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_