**Marine Biological Laboratory Diving Safety Program**

Begins:\_\_\_\_\_\_\_\_\_\_

Expires: \_\_\_\_\_\_\_\_\_

(6 month maximum)

##### Application for Approval of Dive Plan

Date: For: Proposal; New Project; Continuing Project/Renewal

PI/Project Supervisor: Title:

Project Title:

Department: Phone:

Address: Email:

Purpose: Research; Instruction; Training; Education; Other (Describe):

**List of Dive Team Members:** (Indicate Lead Diver(s) with \*.)

Name: ;; Auth. Depth: ; Exp.Date: ; Phone:

Name: ;; Auth. Depth: ; Exp.Date: ; Phone:

Name: ;; Auth. Depth: ; Exp.Date: ; Phone:

Name: ;; Auth. Depth: ; Exp.Date: ; Phone:

Name: ; Auth. Depth: ; Exp.Date: ; Phone:

Name: ; Auth. Depth: ; Exp.Date: ; Phone:

(continue on separate sheet if needed)

Location:

Brief Description of Activity:

(continue on separate sheet if needed)

Maximum Planned Depth: feet No. Dives per Day: Total Daily Bottom Time: min,

Mode: Open Circuit; Semi-closed Circuit; Closed Circuit; Hookah; Surface Supplied

Environment: Coastal Seas/Reef; Open Sea/Bluewater; Lake/River; Restricted Overhead

Platform: Shore; Small Craft; Pool; Ship; Other:

Breathing Gas: Air; EAN ( % O­2); Mixed Gas (list composition of mixtures in attachment)

Dive Tables To Be Used: USN; NAUI; Other: ; Computers (where authorized)

Source of Breathing Gas:

Type and Source of Vessels:

Special Equipment and Considerations:

(continue on separate sheet if needed)

**Emergency Management Plan**

Specific Site Hazards (continue on separate sheet if needed):

Emergency Oxygen on Site? Yes / No Separate Vessel Captain? Yes / No

First Aid Kit On Site? Yes / No Surface Tender On Site? Yes / No

**Emergency Contacts:**

**Coast Guard:**

 Location: Est. Distance from site: miles

 Contact via: Est. Response Time: Response via:

**Rescue/EMT:**

 Location: Est. Distance from site: miles

 Contact via: Est. Response Time: Response via:

**Closest Hospital:**

 Location: Est. Distance from site: miles

 Contact via: Est. Response Time: Response via:

**Closest Hyperbaric Treatment Chamber:** On Site? Yes / No

 Location: Est. Distance from site: miles

 Contact via: Est. Response Time: Response via:

**Lead Diver's and Supervisor's Affidavits:**

I agree to follow all MBL diving regulations, and applicable State and Federal law while conducting these operations.

X (Signature of Lead Diver) Date:

X (Signature of PI, Advisor, or Supervisor)

***For DSO use only, do not write below this line***

 Approved Disapproved Conditionally Approved

Remarks, Conditions or Restrictions:

Diving Safety Officer Review Date: Signature, DSO:

*(If Required)*

Diving Control Board Review Date: Signature, DCB Chair: