

The University of British Columbia
Diving Safety Program

Annual Project Description and Approval Form

Directions: Faculty Members/Principal Investigators/Project Directors and the Person-in-Charge of operations should complete this form jointly, clarifying all specific safety procedures and preparations for their work area. All personnel to work on the project should review this documentation. Questions concerning diving operations and project approval should be directed to the University Diving Officer.

1. Project Director: _____
Campus Address _____
Telephone _____(o) _____(h)

2. Person-in-Charge: _____
Campus Address _____
Telephone _____(o) _____(h)

3. Project Description – include detailed risk identification, analysis and control plan (expand/attachments as needed):

Scientific Discipline:

___ Zoology ___ Botany ___ Chemistry ___ Geology
___ Oceanography ___ Other _____

Funding:

___ Unfunded ___ University ___ Grant ___ Donation
___ Other _____

4. Describe all reasonable alternative methods to underwater diving for specimen/data capture that have been identified, evaluated and dismissed. **(expand/attachments as needed):**

5. Dive Mission(s): Observation & Recording Surveying Coring
 Photography Collection & Sampling Installation & Maintenance
 Training Other _____

Mode: Scuba Snorkel Other _____

Depth(s): 0-10m 10-20m 20-30m 30-40m

Location(s): _____

Crew Number: 2 3-6 6-8 8+ (number) _____

Modes & Special Conditions: Applicable Not Applicable
(see Tables 2 & 3 for special equipment, modes & conditions)

Describe: _____

6. Dates for Project: Begin _____ End _____

7. Emergency Plans:

Please evaluate and confirm current status of the following for all sites of diving activity. Ensure that all personnel review this information (**check off to confirm**).

- Nearest Working Telephone or Two-Way Radio
- Emergency Services Numbers (eg. Coast Guard, Ambulance)
- Emergency Services Radio Frequencies
- First Aid Kit / Oxygen Therapy Kit Locations

___ Nearest Hospital and First Aid Stations

___ Emergency Procedures (eg. lost buddy/diver, out of air, basic life support)

8. Project Personnel:

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

9. I understand that all diving conducted under University auspices must comply with the University Diving Regulations. I understand further that all personnel involved in the diving operations described herein must be registered with the University Diving Operations Office.

Signed _____ Date _____
(Project Director)

Signed _____ Date _____
(Person-in-Charge)

Office Use:

___ Approved ___ Not Approved Expiry Date _____

Comments: _____

Signed: _____ Date _____