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
8. Project Personnel:

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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 ___________________