

## INSTRUCTIONS FOR PREPARATION OF UH DIVE PLAN APPLICATIONS

**The following is a guide to the steps required for PI's and Lead Divers, to assist in the timely and efficient submission, review and approval of UH dive plan applications. The steps are generally in the order required. Deviation from these instructions may increase the time required to obtain dive plan approval. Please review carefully before starting the process.**

- REQUEST DIVER STATUS SUMMARIES for each diver you plan to list on the application. Review these summaries, as they will have a bearing on the approval process. Requests can be made by email to Maria Laamang ([uhdsp@hawaii.edu](mailto:uhdsp@hawaii.edu)).
- CONFER WITH PARTICIPATING DIVERS regarding their status. Any of the following may result in delays in the approval process:
  - All listed participants must be on record with UHDSF in either Active or Restricted Status. All divers in Restricted status must dive under the direct supervision of an approved Active-status Scientific Diver. Divers are designated as Restricted status when one or more of the following occurs:
    - Emergency response training or equipment service periods have been exceeded, or
    - Diver fails to log at least 12 dives in the preceding 12 months, or at least one dive in the preceding 6 months near their depth authorization.
    - Additional proficiency requirements are in place for certain endorsements, such as nitrox.
  - Visiting divers must have all required records on file and current with UHDSF. Visiting divers are generally considered to be operating in Restricted status. Refer visiting divers to the DSP web site for instructions pertaining visiting divers.
  - Designation as a Lead Diver requires the following:
    - Active-status UH Scientific Diver authorization.
    - Depth rating, endorsements (nitrox, dive computer, etc...) and experience required for the proposed operation.
- Download the UH Dive Plan Application Form from the UHDSF web site at: [http://www.hawaii.edu/ehso/UHDivePlanApp\\_2016-11.doc](http://www.hawaii.edu/ehso/UHDivePlanApp_2016-11.doc) and complete all sections.
- DESCRIPTION OF ACTIVITY: Give a general description of the activity to be conducted. Include a generalized description of how the operation will be staffed, including dive team composition, roles, and staffing. This may vary from a short paragraph to several pages. A strict adherence to the buddy system at all times is to be observed. If the activity presents unusual risk or dive team separation, or separation of team from support vessel, describe what prevention measures are to be employed.
- SOURCES OF BREATHING GAS AND VESSELS: Designation of any breathing gas source referenced that is unknown to UHDSF should be accompanied by verification from the provider that the source meets UHDSF gas quality standards. For use of non-UH vessels for dive support, UH/RCUH insurability requirements are in effect. If unsure, contact UHDSF for guidance.
- JOINT DIVING OPERATIONS: If joint diving operations are to be conducted, operations must be under the control of the UH or another agency with standards equivalent to the UH Diving Safety Manual approved by the UH DCB (e.g., NOAA, AAUS Institutions, etc.). Control over the operations shall be agreed upon by the participating institutions before the start of operations, including the exchange of any required MOA's and diver references.

- RISK MANAGEMENT AND EMERGENCY CONTACTS SECTION: A separate version of this section must be developed for each functionally distinct operational region. This would pertain whenever location changes enough to affect emergency response or transportation parameters, or to present significantly different sources of environmental or operational hazards.
- RISK MANAGEMENT MATRIX:
  - Identify any project specific hazards of the operation or environment, such as potential for high surf, currents, hazardous marine life, vessel traffic, or operational complications such as live-boat operations, drift diving, required decompression, use of specialized life support, etc. (this list is exemplary, not exhaustive).
  - For each identified hazard, assign a value estimate (very low to very high) for “probability of occurrence” and “severity of consequences”. The qualitative “product” of these two estimates is an indication of how detailed the mitigation measures should be.
  - Describe mitigation measures that will be employed to prevent occurrence of the hazard and/or mitigate consequences, should it occur.
- EMERGENCY CONTACTS SECTION: Complete the required information for all listed emergency response resources. Time of response should be given as expected maximum time from onset of an injury or condition to the arrival of professional responders or completion of transport to a fixed response asset, as appropriate. Information to assist with completion of this section for many common locations in Hawaii may be available on the Dive Planning Resources pages of the UHDSF web site.
- SUBMIT DIVE PLAN APPLICATION A MINIMUM OF ONE MONTH PRIOR TO PLANNED OPERATIONS.
  - **For projects from HIMB, UH-Hilo, or UH-Maui College, submit to UDC for review and forwarding. The UDC may suggest improvements or changes based on local knowledge, and will forward the plan to UHDSF.**
  - Submission by email will imply agreement by both the listed Principal Investigator(s) and Lead Diver(s) with the described plan, as well as the agreement statements associated with the signature lines.
  - In the event that higher-risk or unusual activities are involved, formal review and approval by the UH Diving Control Board may be required, further lengthening the approval process.
  - Email the unsigned document for initial review to [uhdsp@hawaii.edu](mailto:uhdsp@hawaii.edu) . PLEASE NOTE, SUBMISSION DOES NOT CONSTITUTE APPROVAL.
  - Initial review will include confirmation of current status of each listed diver, as well as a review of other sections of the plan.
  - If questions arise during the review, the PI or primary Lead Diver will be contacted for clarification. If large issues remain, the plan may be returned for further development and clarification.
- **ONCE APPROVED**, the plan will usually be returned as a PDF to the PI or primary Lead Diver via email with DSP approval signatures embedded.
  - Review the plan for all remarks and conditions of approval.
  - Print, and obtain final signatures of the PI(s) and Lead Diver(s).
  - Return one signed copy to the UHDSF office (if sending by mail or fax, only the final signature page need be returned). File one copy with the Unit Diving Coordinator. At this point the dive plan is considered valid and in effect.
  - One copy should be retained on file with the Lead Diver(s) and PI(s).

- **A field copy of the approved plan should be placed in the emergency response kit (Oxygen or First Aid) and reviewed by the Lead Diver with the dive team before the start of each day's operations, as part of the pre-dive briefing.**
- DIVE PLAN EFFECTIVE DATES
  - The approved plan will be considered valid and in effect for a period of 6 months from date of approval, unless changes to the plan are required, such as changes in location, personnel, activity, life support technology, or depth/time exposures.
  - The plan will be entered into the UHDSP database, and may be referenced by project title, PI, and Lead Diver.
  - Additional qualified personnel may be added by email request to the Diving Safety Officer, and will be validated by return of approval confirmation accompanied by a status summary for the additional diver(s).
  - At the end of 6 months, a new dive plan application should be submitted for review and approval, with any changes or revisions to the previously approved plan included.

For the UH Dive Plan Application Form, click on link: [www.hawaii.edu/ehso/UHDivePlanApp\\_2016-11.doc](http://www.hawaii.edu/ehso/UHDivePlanApp_2016-11.doc)

DSO use only  
Plan ID:

DSO use only  
UDC Review: \_\_\_\_\_  
Begins:  
Expires:  
(6 month maximum)

# Application for Approval of Dive Plan

Document utilizes tables, please use cursor or tab feature to retain document formatting.

Date: \_\_\_\_\_ For: \_\_\_\_\_ New Plan \_\_\_\_\_ Renewal

PI/Project Supervisor: \_\_\_\_\_ UH Campus: \_\_\_\_\_

Project Title: \_\_\_\_\_

Department: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Fax: \_\_\_\_\_

Dive Plan Purpose: Research / Education / Program Support / Other

List of Dive Team Members: (Continue on separate sheet if needed, see DTM form)

Diver Name	Lead Diver? X	Level SCI DIT RECIP	Status Active Restricted	Exp. Date	Auth. Depth	Auth. EAN* Y/N	Auth. DC** Y/N	Other Endorsements or Comments

\*EAN = Nitrox \*\*DC = Dive Computer

Dive Location(s):

Description of Activity:

Maximum Planned Depth: (ft) Dives Per Day: Total Daily Bottom Time: min.

Diving Mode (Life Support): Breathing Gas:

Dive Tables to be used: Dive Computers (where authorized): Yes / No

Will planned profiles require decompression Stops, other than safety stops? Yes / No

Environment: Platform:

Source of Breathing Gas:

Type of Vessel: Source of Vessel:

Special Equipment Considerations:

Project Title:

PI:

Date:

## Emergency Management Plan

(Add pages as needed for multiple discrete locations)

Site/Location: \_\_\_\_\_

**Risk Management Assessment:**

Risk Event	Prob. Of Occurrence	Severity of Consequences	Nature of Consequences	Mediation to be Employed

**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** Please supply individual Emergency Management Plans for all islands included in Dive Plan, See EMP form.

Agency: (Closest to Site)	Location or On Site	Est. Response (miles)	Est. Response Time	Respond Via	Contact Via
<b>Coast Guard</b>					
<b>Rescue/EMT</b>					
<b>Closest Hospital</b>					
<b>Hyperbaric Treatment Center</b>					

Additional Comments/Considerations:

Project Title:  
PI:

Date:  
UH Plan ID:

Dive Plan Begin Date:

End Date:

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

I agree to follow all UH 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 Date

*For Diving Safety Program use only. DO NOT WRITE BELOW THIS LINE*

<b>Receipt Date:</b>	<b>DSO Review Date:</b>		
<b>UHDSP ACTION:</b>			
<b>Remarks, Conditions or Restrictions:</b>			
_____	_____		
<b>Signature, DSO</b>	<b>Date</b>	<b>Signature, DCB Chair</b>	<b>Date</b>

Please review all Diving Safety Program remarks, conditions and/or restrictions and return to UHDSP.

X \_\_\_\_\_  
Signature of PI, Advisor, Supervisor or Lead upon review Date