

## UMCES DIVE PLAN

Submitted By: \_\_\_\_\_ Email Address \_\_\_\_\_ Date: \_\_\_\_\_  
 Dive Operation: \_\_\_\_\_

To: William Sarro UMCES Diving Officer ([wsarro@umd.edu](mailto:wsarro@umd.edu)) or Fax: 410-787-9478

Dates of research dives: \_\_\_\_\_

Location of dives: \_\_\_\_\_

### 1. Participating Scientific Divers

Diver's Name	Depth Certification	Certifying Institution
1. _____ (Lead Diver)		
2. _____		
3. _____		
4. _____		
5. _____		

### 2. Emergency Information

Diver's Name	Emergency Phone	Contact	Relationship
1. _____ (Lead Diver)			
2. _____			
3. _____			
4. _____			
5. _____			

### 3. Emergency Plan (Oxygen unit and first aid kit must be present on site.)

Nearest hyperbaric chamber location: \_\_\_\_\_

Method of transport/contact: \_\_\_\_\_

**UMCES Emergency phone** \_\_\_\_\_ **DAN 1-919 684 4326** — —

4. Approximate number of proposed dives: \_\_\_\_\_

5. Estimated depths and bottom times anticipated: \_\_\_\_\_

6. Decompression status and repetitive dive plans, if required: \_\_\_\_\_

7. Repetitive dives, if required: \_\_\_\_\_ departure

8. Non-emergency deviations from this dive plan and/or UMCES Dive manual must be authorized: \_\_\_\_\_

9. Proposed work, equipment and boats to be employed: \_\_\_\_\_

10. Are you diving off an UMCES Research Fleet Vessel?

NOTE: Dive plan must be filed with and approved by UMCES DSO PRIOR to your dive.