

# Dive Plan for Scuba (Air only)



**RAMP Number:** .....

**Dive Coordinator:** .....

Contact Phone Number:..... Mobile Number: .....

**List of dive team members:**

Diver 1:.....

Diver 2:.....

Diver 3:.....

Diver 4:.....

Diver 5:.....

**Dive location:**.....

**Dates:** From ..... to .....

**Type of dive(s)** (eg. boat (incl. name of boat and registration number), shore, drift) .....

.....

**If type of dive is from a University Boat:**

Skipper's Name: .....

Qualification Class:.....

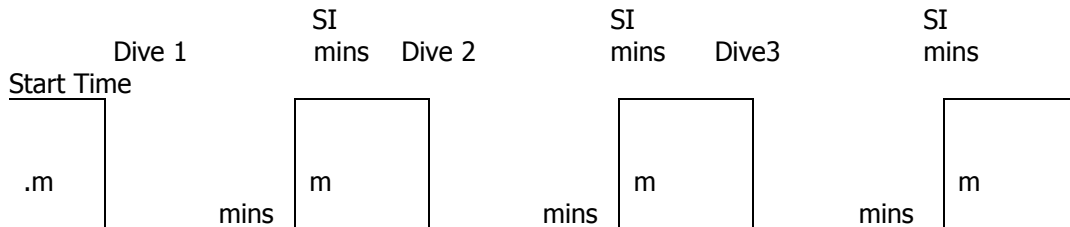
Certification Number: .....

Certification Expiry Date: .....

PLEASE ATTACH COPY OF QUALIFICATION AS WELL

**Dive Profile** (specify as far as possible intended depth and duration of proposed dive(s):

.....



**Risk Assessment:** Have you completed a risk assessment and emergency evacuation plan for this site?

Yes: (Sighted by Diving Officer) ..... Copy on site? .....

No: I affirm that a risk assessment will be conducted on site.....

**Equipment:** I affirm that all scuba equipment to be used has been serviced in the last 12 months as required by AS/NZS 2299.2:2002.

**Signature**

Dive Coordinator..... Date .....

**General Risk Assessment for Dive Proposal**

**1. What type of work is proposed?**

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.....  
.....  
.....

**2. Are Shark Shields to be worn by those diving? YES / NO**

If you answered no, then please state your reasons for not wearing them.

.....  
.....  
.....

**3. Do you anticipate any adverse weather conditions? YES / NO**

If yes, what precautions will you take?

.....  
.....  
.....  
.....

**4. What is the anticipated depth? .....**  
(Scuba diving will not be conducted at depths > 30 metres)

**5. Do you anticipate strong currents ? YES /NO**  
(Divers should be able to swim comfortably against any current or a drift dive should be conducted)

If yes, what precautions will you take?

.....  
.....

**6. Are you planning repetitive dives? YES/NO**

If yes, what precautions will you take?

.....  
.....  
.....

**Dive Proposal approved by Diving Officer .....** Date .....

**Employer's Record Submitted .....** Date .....  
(Signature of Dive Officer)

**Emergency Plan for Dive Proposal**

**2 copies:**

- COPY FOR DIVE TEAM
- COPY TO BE RETAINED BY DIVING OFFICER

**Emergency phone number:** 000

**Divers Emergency Service (DES) :** 1-800-088-200 (in Australia)  
61 8 8212 9242 (International)

**Dive Site:** If you are diving at one site, what are the directions to the site for Emergency Services? .....

.....  
.....  
.....

Where is/are the evacuation points/s .....

.....  
.....

Where is/are the nearest hospital/s to all your proposed dive site(s)? .....

.....  
.....

Where is the nearest recompression chamber? .....

Murdoch University contact number in case of emergency.....

.....

Do you have oxygen and a first aid kit at the dive site? Yes/No

**Communications with dive team :** Mobile .....

Satellite phone .....

Boat Radio VHF /HF /27Mhz (circle type of radio)

Does the boat have EBIRB? Yes/No