NDP Diving Operations Forms

Instructions

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1. NDP Dive Plan

NOAA DIVING PROGRAM - DIVE OPERATIONS PLAN

Date(s) of Operations:		Time of Operations:	
Location of Operations:		Number of Divers:	
Distance from Shore:		Planned # of Dives per Day:	
Evac. Time to Chamber:		Max Possible # of Dives to be Logged/Day:	
Depth Range of Dive Ops:		Number of Consecutive Dive Days:	
Platform:		On-Duty Dive ☐	Off-Duty Dive w/SEP gear ☐

Date(s) of Operations. The beginning through ending dates operations covered by this plan take place.

Location of Operations. As stated. If the plan is submitted without a DEAP attached then include a clear geographic indicator, i.e. city, state/territory, ship name and area of operations, or other appropriate identifier.

Distance from Shore. As stated.

Evac. Time to Chamber. Time to transport a diver from the dive site to a chamber. If evacuation requires calling for transportation, include the anticipated time between requesting aid and its arrival.

Depth Range of Dive Ops. Maximum depth planned.

Platform. Enter as appropriate.

Time of Operations. The time of day diving operations are expected to begin and end. If exact times are unknown or variable, enter an estimate.

Number of Divers. Maximum number of divers expected to enter the water, including stand-bys.

Planned # of Dives per Day. Total number of dive evolutions per day, *not* dives per diver per day. This is being clarified because every available diver does not always participate in every dive.

Max Possible # of Dives to be Logged/Day. Maximum total number of all dives expected by all divers per day. For multi-day dives with varying plans it may be appropriate to submit separate dive plans. Alternatively, when filling out the form follow the max dives per day with a slash and enter the total number for the dive plan. For example: If you are expecting a maximum of 20 dives per day, for a dive plan covering 4 consecutive days, the block would look like this – 20/80.

The intent of the questions concerning number of dives, divers, and days is two-fold. One, it helps the Divemaster determine the logistics (i.e., number of cylinders required). Two, it helps the UDS or their designee determine the intensity of the dive ops in accordance with the NOAA Diving Program Dive Plan Review Policy Algorithm (aka the Decision Tree).

Number of Consecutive Dive Days. As stated. 1 day is 0 consecutive days, 2 days is 2 consecutive days, etc.

On-Duty Dive. Check if applicable.

Off-Duty Dive w/SEP gear. Check if applicable. In order to conduct off duty dives with SEP gear, the diver must have submitted and had approved the Off Duty SEP Diver Agreement and Liability Waiver. Off-duty dives are encouraged but not required to include DEAP and UDS signatures.

Scientific Dive (meets all criteria) ☐ Working Dive ☐	Float Plan Required	Yes ☐ No ☐	Safe Ship Checklist Required	Yes ☐ No ☐	
Diving Mode:	SCUBA ☐ Surface Supplied ☐	Decompression Calculation Method:	Dive Computer ☐ Decompression Tables ☐		

Scientific Dive/Working Dive box. Check either or both as appropriate. Leave blank for dives made by instructors during diving training exercises. If both Scientific and Working dives are to be done in the same operation, list the information for each type separately and label them. If there's not enough space create separate dive plans for each type.

Float Plan Required. Check as appropriate.

Safe Ship Checklist Required. Check as appropriate.

Diving Mode. Check as appropriate.

Decompression Calculation Method. Check as appropriate.

Divemaster / Lead Diver:	
Divers:	
Purpose of dives and tasks to be performed:	
Principal Diver-Worn Equipment & Breathing Media:	
Tools / Specialized Equipment to be Used:	
Potential Hazards & Mitigations:	
	Certain hazards are present on all dives (AGE, DCS, drowning, etc.), the above are unique to this operation.

Divemaster/Lead Diver: Name(s).

Divers: First and last names of each diver. If not a NOAA diver give brief description (Frederick Noman, FL State, etc.)

Purpose of dives and tasks to be performed. A brief clear statement. For science dives make sure to include text showing a clear scientific goal. For example "cleaning and maintaining scientific equipment" describes a <u>working</u> dive, especially if mechanical tools are listed later on.

Principal Diver-Worn Equipment and Breathing Media. As stated.

Tools/Specialized Equipment to be Used. As stated.

Potential Hazards & Mitigations. List hazards unique or specific to this dive plan and mitigation strategies. Common hazards are addressed in the body of the form and do not need to be listed.

Primary means of Evacuation for Emergencies:					
Submitted by: (Print)		**Signature:**		**Date:**	
Reviewed by: (Print) UDS or Designee		**Signature:**		**Date:**	

Primary means of Evacuation for Emergencies. Enter how the victim is going to be moved from the accident site to the treatment facility. This is not how the diver is to be removed from the water.

Submitted by: (Print). As stated.

Reviewed by: (Print) UDS or Designee. As stated.

Signature. Both preparer and reviewer must sign. This cannot be the same person. The UDS or their designee must be the reviewer. Signature forms can include signing then scanning the document; inserting a PDF or other electronic signature; or typing the name, preceded and followed by "/s/," i.e. /s/Davis/s/. If /s/ is used then the UDS/Designee must appear in the e-mail address or forwarding trail.

2. Diving Emergency Assistance Plan

NOAA DIVING PROGRAM

DIVING EMERGENCY ASSISTANCE PLAN

NOAA Diving Unit and Dive Location:

Instructions

To be completed and submitted to NDP.Diveplans@noaa.gov with initial dive plan of each calendar year and every time any information in the Diving Emergency Assistance Plan changes.

NOAA Diving Unit and Dive Location. Line Office, Unit, and Subunit. Also include physical location of the dive. This identifies the DEAP with this location for future dives.

Contacts

Primary Operational Recompression Chamber

Name:	
Address:	
Point of Contact:	
Telephone Number:	

Secondary Operational Recompression Chamber

Name:	
Address:	
Point of Contact:	
Telephone Number:	

Primary Operational Recompression Chamber. Fill out all information completely.

Secondary Operational Recompression Chamber. Fill out all information completely. Do not leave the second chamber section blank. If there is no second chamber write a brief explanation.

Primary Hospital Emergency Room

Name:

Address:

Point of Contact:

Telephone Number:

Secondary Hospital Emergency Room

Name:

Address:

Point of Contact:

Telephone Number:

Primary Hospital Emergency Room. Fill out all information completely. If there is no specific Point of Contact just say so.

Secondary Hospital Emergency Room. Fill out all information completely. Do not leave the second ER section blank. If there is no second ER write a brief explanation, i.e., "remote location - none."

Shore-Based Emergency Transportation

Name:	
Point of Contact:	
Telephone Number:	

At-Sea Emergency Transportation

Name:	
Point of Contact:	
Telephone Number:	

Shore-Based Emergency Transportation

Name: A brief description or name.

Point of Contact: If there is a specific name list it here.

Telephone Number: As stated.

At-Sea Emergency Transportation

Name: A brief description or name.

Point of Contact: If there is a specific name list it here.

Telephone Number: As stated.

NOTE: If any information is not applicable, write N/A in the blanks.

3. NDP Supervisor's Dive Log

NDP
SUPERVISOR'S DIVE LOG

DATE: ____/____/____ DIVE # _____

DIVEMASTER : _____ LOCATION: _____ PLATFORM: _____

Buoy #	Diver's Name	SI (hr:min)	REP GRP	Planned Depth Ft	Planned Depth Time	PSI IN	PSI OUT	Local Time Down	Local Time Up	Actual Depth Ft	Actual Depth Time	REP GRP	Project/Comments/ Problems

Date. As stated.

Dive#. As stated.

Divemaster. As stated.

Location. As stated.

Platform. As appropriate.

Buoy #. The number, if any, on the buoy line that a dive team is using.

Diver's Name. As stated.

SI. Surface Interval. As stated.

REP GRP. NOAA No-decompression table repetition group of diver at beginning of dive.

Planned Depth Ft. Maximum depth of dive.

Planned Depth Time. Total time at depth (starts when a diver leaves the surface and continues until they begin a direct ascent to the surface.)

NDP
SUPERVISOR'S DIVE LOG

DATE: ____/____/____ DIVE # _____

DIVEMASTER : _____ LOCATION: _____ PLATFORM: _____

Buoy #	Diver's Name	SI (hr:min)	REP GRP	Planned Depth Ft	Planned Depth Time	PSI IN	PSI OUT	Local Time Down	Local Time Up	Actual Depth Ft	Actual Depth Time	REP GRP	Project/Comments/ Problems

PSI In. As stated. If diving with a reserve air supply, include this PSI as well, i.e.: 2700/2800 where the first number is the main cylinder pressure and the second number also includes the pony bottle.

PSI Out. As stated. If diving with a reserve air supply, include this PSI as well, i.e.: 550/650 where the first number is the main cylinder pressure and the second number also includes the pony bottle.

Local Time Down. Time the diver leaves the surface.

Local Time Up. Time the diver reaches the surface.

Actual Depth Ft. As stated.

Actual Depth Time. As stated.

REP GRP. NOAA No-decompression table repetition group of diver at beginning of dive. As stated.

Project/Comments/Problems. As stated.

4. Plan Filing Instructions

Save your dive plan and name it using this format: UDS last name and date, i.e. McFall032311.

Create an e-mail. The subject should be the same as the dive plan file name. Attach the dive plan.

Check to see if a DEAP is already on file at NDP for the location of the dive. If not, or if it has changed, if it covers a geographic area different from previously submitted DEAPs, or if it is more than a year old, attach the DEAP to the e-mail.

Send the e-mail to ndp.diveplans@noaa.gov.

The NDC secretary checks the e-mail Inbox daily, reviews each Dive Plan and DEAP for completeness, then moves your plan to a folder named after the UDS. E-mails with DEAPs attached are flagged for reference.

If a plan is incomplete or unclear the secretary will contact you for clarification.