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 ☐

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 ☐

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.

Primary means of Evacuation for Emergencies:

Submitted by: (Print) _____ **Signature:** _____ **Date:** _____

Reviewed by: (Print) _____ **Signature:** _____ **Date:** _____
UDS or Designee

Revised: 23 September 2010