N. C. State University Diving Safety Program
Application for Approval of Dive Plan

Date: ____________  For: _____Proposal; _____New Project; _____Continuing Project/Renewal

PI/Project Supervisor: ____________________________  Title: ____________________________

Project Title: ____________________________

Department: ____________________________  Phone: ____________________________

Address: ____________________________  Email: ____________________________

__________

Purpose: __ Research; __ Instruction; __ Training; __ Education; __ Other (Describe): ____________

List of Dive Team Members: (Indicate Lead Diver(s) with *)

Name: ____________; NCS #: __; Auth. Depth: __; Exp. Date: __; Phone: ____________

Name: ____________; NCS #: __; Auth. Depth: __; Exp. Date: __; Phone: ____________

Name: ____________; NCS #: __; Auth. Depth: __; Exp. Date: __; Phone: ____________

Name: ____________; NCS #: __; Auth. Depth: __; Exp. Date: __; Phone: ____________

Name: ____________; NCS #: __; Auth. Depth: __; Exp. Date: __; Phone: ____________

Name: ____________; NCS #: __; Auth. Depth: __; Exp. Date: __; Phone: ____________

Name: ____________; NCS #: __; Auth. Depth: __; Exp. Date: __; Phone: ____________

(continue on separate sheet if needed)

Location: ____________________________

Brief Description of Activity: ____________________________

(continue on separate sheet if needed)

Maximum Planned Depth: __ feet  No. Dives per Day: __  Total Daily Bottom Time: _______min,

Mode: __Open Circuit; __Semi-closed Circuit; __Closed Circuit; __Hookah; __Surface Supplied

Environment: __Coastal Seas/Reef; __Open Sea/Bluewater; __Lake/River; __Restricted Overhead

Platform: __Shore; __Small Craft; __Pool; __Ship; Other: ____________________________

Breathing Gas: __Air; __EAN (____% O2); __Mixed Gas (list composition of mixtures in attachment)

Dive Tables To Be Used: __USN; __NAUI; __Other: ____________; __Computers (where authorized)

Source of Breathing Gas: ____________________________

Type and Source of Vessels: ____________________________

Special Equipment and Considerations: ____________________________

(continue on separate sheet if needed)
Emergency Management Plan

Specific Site Hazards (continue on separate sheet if needed):

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:

Coast Guard:
Location: ________________________  Est. Distance from site: ____________ miles
Contact via: _________________  Est. Response Time: ________ Response via: ________

Rescue/EMT:
Location: ________________________  Est. Distance from site: ____________ miles
Contact via: _________________  Est. Response Time: ________ Response via: ________

Closest Hospital:
Location: ________________________  Est. Distance from site: ____________ miles
Contact via: _________________  Est. Response Time: ________ Response via: ________

Closest Hyperbaric Treatment Chamber:  On Site? Yes / No
Location: ________________________  Est. Distance from site: ____________ miles
Contact via: _________________  Est. Response Time: ________ Response via: ________

Lead Diver’s and Supervisor’s Affidavits:
I agree to follow all N. C. State University 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)

For DSO use only, do not write below this line

______ Approved  ______ Disapproved  ______ Conditionally Approved

Remarks, Conditions or Restrictions: ____________________________________________

_____________________________ (Signature, DSO)  Diving Safety Officer Review Date: ________

(If Required)

_____________________________ (Signature, DCB Chair)  Diving Control Board Review Date: ________