

Project Start Dates:**Project Location:****Project Director/PI:** _____

Phone: _____

Diver Team:

Lead Diver: _____

DAN insurance #: _____

Additional Divers:

1. _____

DAN insurance #: _____

2. _____

DAN insurance #: _____

3. _____

DAN insurance #: _____

4. _____

DAN insurance #: _____

Location of Safety Equipment:

First Aid Kits _____

Emergency O2 _____

Radio _____

Life Jackets _____

Contacts

Coast Guard: VHF Channel 16

Diver's Alert Network: (919) 684-9111

Host DSO: _____

USC DSO: _____

Nearest Hospital

Phone: _____

Address: _____
_____**Nearest Dive Chamber**

Phone: _____

Address: _____
_____**Emergency Procedures**

Out of air procedure _____

Missing diver _____

Medical Emergency _____

Potential Hazards

Overhead _____

Underwater _____

On board _____

Safety Signals _____