

# UoP Diving Project Plan

**Date of diving operation**

**Dive location/site:**

**Brief description of diving proposed:**

**Name of Dive Supervisor.**

**ACoP used:**

**Client:**

**Dive Team & qualifications:**

**Dive Supervisors checks:**

**Medicals in-date?** Yes

**Drysuits in-date?** Yes

**Unilog form completed** Yes/No

**Safety Handbook Issued?** Yes/No

**Team is Appointed & ACOP Signed?** Yes/No

**Detailed description of diving plan:**

Diver coxswain/skipper:

Equipment used:

Max Depth:

Dive Time:

Safety stops:

Dive Plan (including any additional training required):

**General Site Risk Assessment:**

**Measures taken:**

(please refer to UoP Diving Risk Assessments file if necessary)

General site risks:

Decompression

Tables used:

Sea conditions

anticipated:

Underwater

visibility anticipated:

Temperature:

Access/egress:

Pollution: Assumed negligible

Tidal considerations:

Breathing gas used:

Equipment serviced and in-date:

Any other additional risks:

**Emergency procedures:**

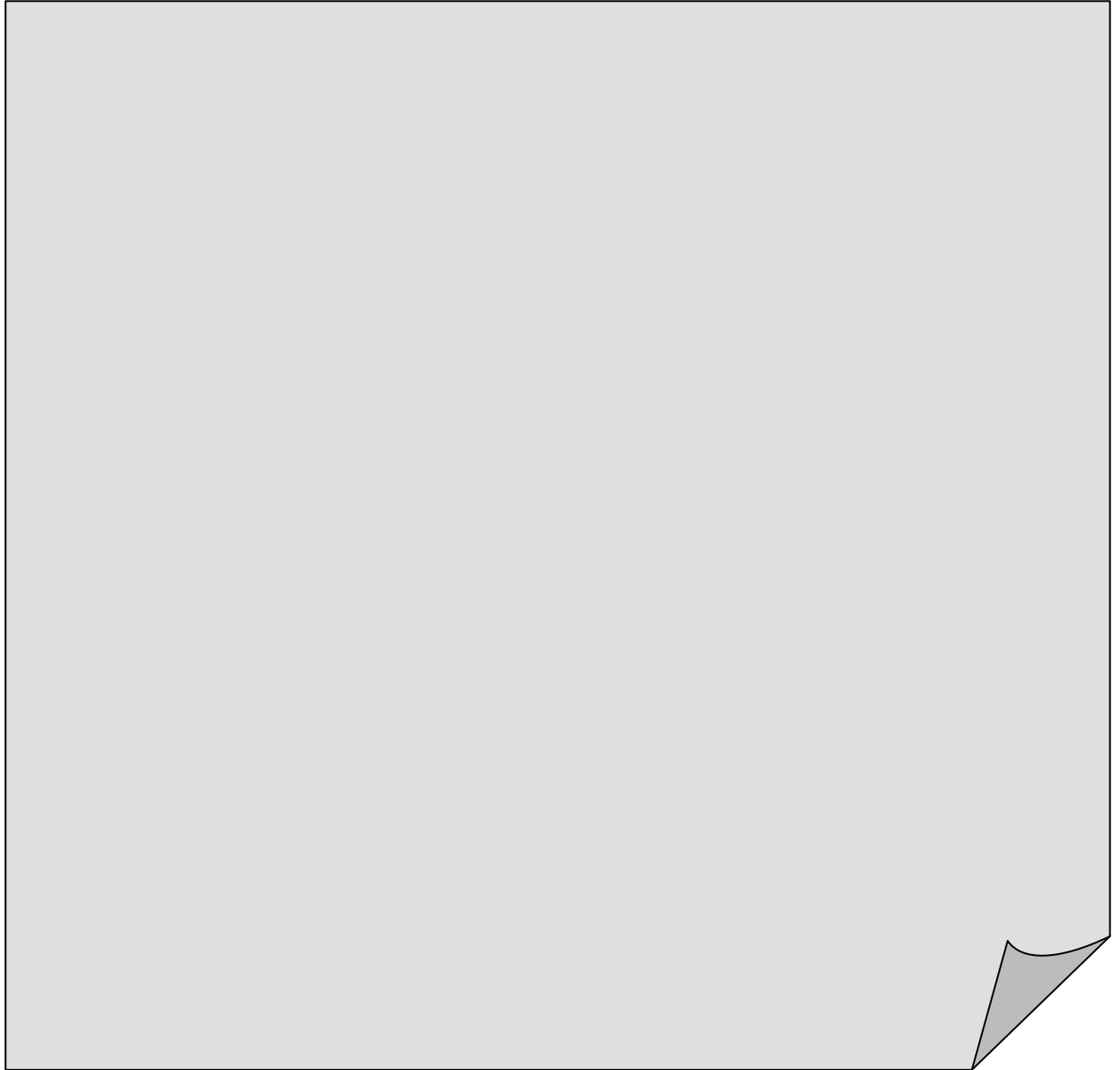
RCC access (incl. contact details):

Chamber notified:

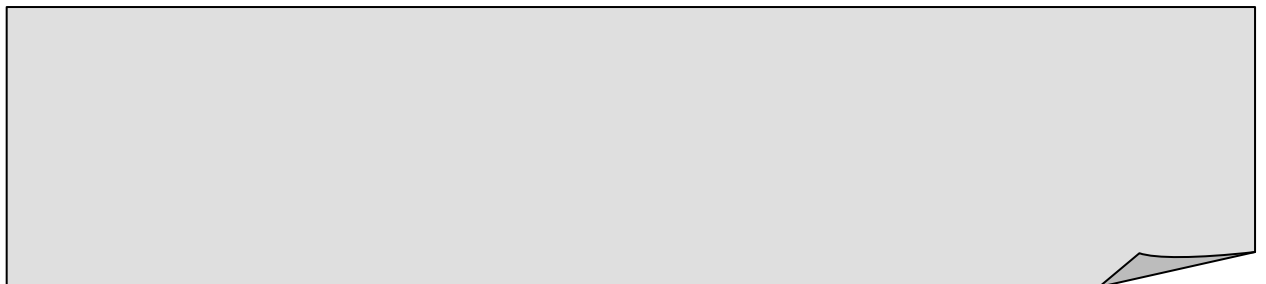
Name of First Aider:

Qualification held:

**Casualty evacuation plan:**

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**Any additional information:**

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Approved by University Diving Officer/ Deputy Diving Officer:

Signature: ..... Date:.....

