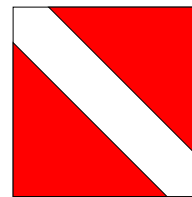




Dive Safety Office
 Louisiana Universities Marine Consortium
 8124 Hwy. 56, Chauvin Louisiana 70344;
 Voice: (985) 851-2834, Fax: (985) 851-2874
 email: divesafety@lumcon.edu,
www.lumcon.edu/diveprogram



LUMCON DIVE PLAN FORM

An approved dive plan is required to be filed with the Dive Safety Officer prior to any diving activity.

Plan Submitted By (Name) _____ Today's Date _____

Projected Date and Time of Departure _____

Projected Date and Time of Return _____

Vessel _____

Project PI, Institution, Phone # _____

Lead Diver (if different than PI), Institution, Phone # _____

Diver's Names	Cert. Level (Diver in Training/Scientific Diver)	Cert. Depth (30, 60, 100, 130 fsw)

Location of Dive (incl. GPS Coord.) _____

Planned # of dives _____

	Planned depth	Planned bottom time	Proposed activity
Dive #1			
Dive #2			
Dive #3			
Dive #4			
Dive #5			

Special considerations (overhead environment, currents, etc):

All dive activities require an approved accident procedure plan be on hand at the dive site, and that all divers are aware of the plan. Such a plan should include the location and phone number of nearest EMS services and nearest recompression chamber.