

UCSC SCIENTIFIC DIVING PROJECT APPLICATION

DATE:

PROJECT #:

APPLICANT:

LEAD DIVER:

EMAIL:

PI/ADVISOR:

PHONE:

DEPARTMNT:

PROJECT TITLE:

PROJECT DESCRIPTION:

SITE LOCATIONS:

FOR FOREIGN SITES

LOCAL CONTACTS:

US CONSULATE/EMBASSY:

SITE INFORMATION

SPECIFIC HAZARDS:

COAST GUARD CONTACT INFORMATION:

RESCUE/EMT CONTACT INFORMATION:

CLOSEST HOSPITAL INFORMATION:

EVACUATAION PLAN - INCLUDE ETAs, DISTANCES & MODES OF TRANSPORT TO HELP:

DIVE PLAN

DATES:

MAX DEPTH:

DIVES/DAY:

BOTTOM TIME/DAY:

MODE:

ENVIRON:

PLATFORM:

GAS USED:

TABLES -OR- COMP

REQUIRED SAMPLING EQUIPMENT:

VESSEL INFORMATION - Resgistraion, Licensing, O2, First Aid, Nav/Comm Equipment:

FILL OUT BOTH SIDES OF FORM COMPLETELY

UCSC SCIENTIFIC DIVING PROJECT APPLICATION

UCSC EQUIPMENT / VESSELS NEEDED

EQUIPMENT:
VESSELS (you will need to file a UCSC boating proposal too):

DIVER QAULIFICATIONS

NAME	DEPTH CERT	PHYSEXP	CPREXP	F/AID EXP	EQUIP EXP	O2 EXP

DIVER EMERGENCY INFORMAITON

NAME	DAN #	CONTACT NAME	RELATIONSHIP	CONTACT #

DAN EMERGENCY HOTLINE - 24 HOURS - CAN CALL COLLECT - 919-684-4326
 DAN TRAVEL ASSIST EVACUATION - 24 HOURS IN THE USA - 800-326-3822
 DAN TRAVEL ASSIST EVACUATION - 24 HOURS OUTSIDE USA, COLLECT - 1-215-245-2461

ADDITIONAL NOTES

APPLICANT

PRINT NAME:	SIGNATURE:	DATE:
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PRINCIPAL INVESTIGATOR / ADVISOR

PRINT NAME:	SIGNATURE:	DATE:
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DIVING SAFETY OFFICER

PRINT NAME:	SIGNATURE:	DATE:
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FILL OUT BOTH SIDES OF FORM COMPLETELY