**UMB Diving Reseach  
Project Planner**

*Please submit plans to the DSB for approval prior to diving*

**Project Name:**

Submitted By: Date Submitted:

**Description & Scope of Work:**

(Please be detailed. Attachments are welcome)

**Project Timeline:**

Projected Duration of Project:

**Diving Reseach Location Information:**(Please list for each site used on project)

Location of Diving Reseach:

Diving Environment & Conditions Expected:

Approximate Number of Proposed Dives:

Hazardous Conditions Anticipated:

Boat Use and/or Beach Access Plan:

Sampling Methods to be Used: (i.e.. transects/quadrats, collecting {explain collecting methods}, etc.)

**Diving Profile Information:**(Please list for each site used on project)

Approximate Depths & Bottom Times Anticipated:

Number Of Repetitive Dives Expected Per Day:

Repetitive Dive Plan Tables and/or Computers Used:

Breathing Gas Supply & Mode:

**Equipment Information:**

Type of Diving Equipment Used:

Special Equipment Required:

Nearest Medical Support to Off-Site Location:

Nearest Known Recompression Chamber:

***(Call DAN for chamber information first!)***

**DAN Emergency Phone Number @ 919-684-9111**

UMB Campus Police: 617-287-1212

*Using The Form On The Last Page  
Please Provide Information For Each Diver In The Event Of An Emergency*:

**Emergency Equipment Checklist**(Please make sure you have the following equipment if off-site from UMB)

Oxygen Kit

First Aid Kit

AED

Cell Phone

**Diver Information & Authorizations**

**Please \* any diver who might serve as lead diver**

(All Divers Must Submit Individual Scientific Diver Applications)

**1.**

**Diving Safety Board Comments/ Restrictions**

**Approval & Signatures**

**Submitted By:**

Principal Investigator

Name: \_\_\_ \_\_\_\_\_ Dept. \_\_\_\_ \_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_ Date: \_\_\_ /\_\_\_ /\_\_\_

**Diving Safety Board Review:**

Date Received: Approved as submitted?

Approved with the following changes: (list)

Supporting Documents attached: (list)

Additional Comments:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dept. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_ /\_\_\_ /\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dept. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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