

The University of British Columbia  
Diving Safety Program

Annual Project Description and Approval Form

**Directions:** Faculty Members/Principal Investigators/Project Directors and the Person-in-Charge of operations should complete this form jointly, clarifying all specific safety procedures and preparations for their work area. All personnel to work on the project should review this documentation. Questions concerning diving operations and project approval should be directed to the University Diving Officer.

**1. Project Director:** \_\_\_\_\_  
Campus Address \_\_\_\_\_  
Telephone \_\_\_\_\_(o) \_\_\_\_\_(h)

**2. Person-in-Charge:** \_\_\_\_\_  
Campus Address \_\_\_\_\_  
Telephone \_\_\_\_\_(o) \_\_\_\_\_(h)

**3. Project Description – include detailed risk identification, analysis and control plan (expand/attachments as needed):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Scientific Discipline:**

\_\_\_ Zoology \_\_\_ Botany \_\_\_ Chemistry \_\_\_ Geology  
\_\_\_ Oceanography \_\_\_ Other \_\_\_\_\_

**Funding:**

\_\_\_ Unfunded \_\_\_ University \_\_\_ Grant \_\_\_ Donation  
\_\_\_ Other \_\_\_\_\_

4. Describe all reasonable alternative methods to underwater diving for specimen/data capture that have been identified, evaluated and dismissed. **(expand/attachments as needed):**

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5. Dive Mission(s):  Observation & Recording  Surveying  Coring  
 Photography  Collection & Sampling  Installation & Maintenance  
 Training  Other \_\_\_\_\_

**Mode:**  Scuba  Snorkel  Other \_\_\_\_\_

**Depth(s):**  0-10m  10-20m  20-30m  30-40m

**Location(s):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Crew Number:**  2  3-6  6-8  8+ (number) \_\_\_\_\_

**Modes & Special Conditions:**  Applicable  Not Applicable  
(see Tables 2 & 3 for special equipment, modes & conditions)

**Describe:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**6. Dates for Project:** Begin \_\_\_\_\_ End \_\_\_\_\_

### 7. Emergency Plans:

Please evaluate and confirm current status of the following for all sites of diving activity. Ensure that all personnel review this information (**check off to confirm**).

- Nearest Working Telephone or Two-Way Radio
- Emergency Services Numbers (eg. Coast Guard, Ambulance)
- Emergency Services Radio Frequencies
- First Aid Kit / Oxygen Therapy Kit Locations

\_\_\_ Nearest Hospital and First Aid Stations

\_\_\_ Emergency Procedures (eg. lost buddy/diver, out of air, basic life support)

8. Project Personnel:

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

9. I understand that all diving conducted under University auspices must comply with the University Diving Regulations. I understand further that all personnel involved in the diving operations described herein must be registered with the University Diving Operations Office.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Project Director)

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Person-in-Charge)

**Office Use:**

\_\_\_ Approved \_\_\_ Not Approved Expiry Date \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_ Date \_\_\_\_\_