

ANNEX III: Dive Incident report form

ENSURE THIS FORM IS HANDED TO THE PROPER AUTHORITIES AND THAT THE INFORMATION IS KEPT CONFIDENTIAL. DO NOT RELEASE INFORMATION TO THE MEDIA OR OTHER INDIVIDUALS NOT INVOLVED! A COPY CAN BE SEND TO:

Date: _____ Time: _____ : Nr. Divers involved: _____

Location incident: _____

Type of incident: Death DCI Injury/illness Training Equipment Dive technique Surface

Information on diver involved: (use one form per diver) Circle all that apply where needed

Last Name: _____ First Name: _____ : Middle Name: _____

Date of Birth: DD / MM / YYYY Gender: Male Female

Height : _____ In./cm Weight: _____ Lbs./Kg

Address: Street: _____ City: _____

Telephone Nr. _____ Insured: YES NO Insurer _____

Next of Kin _____ Relation: _____

Address next of kin _____ City: _____

Telephone next of kin _____

Information on diver qualifications/ experience:

Certified: YES NO Agency: PADI NAUI SSI ACUC TDI/SDI IANTD BSAC CMAS PDIC

NASE YMCA Other: _____ Unknown

Highest level of certification _____ Special qualifications: _____

Special qualifications: _____ Special qualifications: _____

#Yrs. Of diving _____ # Lifetime dives _____ # Dives in last year _____ Last dive: DD / MM / YYYY

Experience: # dives in activity done during incident: _____ / Unknown

First time on this site: YES NO

Information on health of diver:

Illnesses/injuries indicated by the diver prior to the incident _____

Recent medical procedures _____ Date: DD / MM / YYYY unknown

Medication used just before/during dive: _____ unknown

Medical self assessment form filled out: Yes NO Questions answered with "YES" ? YES NO

If YES was there a follow up by physician? YES NO (if possible provide copy of form)

Previous dive incidents: _____ Date DD / MM / YYYY unknown

Pre-dive factors: none nausea fatigue diarrhea alcohol drugs sinus congestion unknown

Mental state: normal nervous agitated stressed talkative quiet depressed unknown

other factors: _____

Diving conditions:

Location: ocean /sea lake quarry river/spring cave/cavern pool/tank chamber harbour ↵

other or further detail: _____

Dive platform: shore beach shore rocks boat live boat anchored pier other _____

Altitude: Sea level (below1000ft.) 1000-3000ft. more than 3000ft.

Weather: sunny partly cloudy cloudy rain storm night indoors

Wind: none light moderate strong very strong **Waves:** none small medium big very big

Water movement: calm moderate rough very rough N/A

Currents: Slight moderate strong very strong N/A Direction: _____

Water temperature: _____ °C(F) **Tide:** incoming outgoing slack

Visibility (Uw): poor (<10ft) moderate (10-40ft.) good (40-60) excellent (60+ft.) unknown

Bottom type: sand rock silt mud kelp wall manmade other _____ unknown

Overhead: open closed partly obstructed **Surface tender / observer:** YES NO

Dive flag raised: YES NO **Surface Marker buoy used:** YES NO

Dive Profile:

IF POSSIBLE PROVIDE THE DIVE COMPUTER OF THE DIVER(S) TO THE AUTHORITIES

Dive # (of the day)_____ **# dives in last 48 hours** (provide profile)_____

Incident dive: Time Descent:_____ Time at Surface:_____

Max dive depth: _____mtr./ ft. **Dive time:** _____

Activity during incident: Sightseeing Comm. work Scientific Uw hunting / gathering Wreck

Ice Cave/cavern Training Photo/film Military Search&rescue Recovery Night Deep

Other:_____

Technical diving: YES NO **Tech Certification:** Yes NO

Dive Pairing: Buddy Solo Group (#in group____) Unknown **Separation:** YES NO

Occurrence during dive: (circle all that applies) Narcosis Entanglement Out of gas Lost Trapped

Injury Other_____

Dive planning: Diver Buddy Instructor Diver leader Other Unknown N/A

Decompression planned: YES NO #Min____@ Depth____mtr./ft.

Execution deco stop: Done missed mid-water line bottom dive bell unknown

Safety stop planned: YES NO #Min____@ Depth____mtr./ft.

Execution safety stop: Done missed mid-water line bottom dive bell unknown

Dive Equipment:

Equipment recovered: Yes NO **Gas pressure noted:** YES NO **Pressure noted:** _____Psi.

IN ACCORDANCE WITH THE LATEST GUIDELINESS OF THE PROVINCIAL CORONERS (JAN. 2006) **DO NOT MANIPULATE EQUIPMENT IN ANY WAY. NOTE AIR PRESSURE AND GENERAL VISUAL STATE OF EQUIPMENT AND RENDER EQUIPMENT TO PROPER AUTHORITIES!**

Familiar with gear: YES NO **Maintained:** YES NO **Appropriate:** YES NO

Assembly correct: YES NO **Functioning correctly:** YES NO

Problems with: None Gas supply BCD Regulators Exposure suit Weights Instruments

Other/ details of problem: _____

Gas type: Compressed air Nitrox(O2%____) Trimix (provide mix details) Oxygen

Mixed tested: YES NO **Mix tested by:** Mixer Diver Other **Bad gas suspected:** YES NO

Gas supply: Cylinder(s) Surface supplied Rebreather (semi closed / closed)

Cylinder type/size:_____ft.³ Steel Aluminum **Rated Pressure**_____psi **Fill:**_____psi

Cylinder inspection: Last visual check _____MM / YYYY Last hydrostatic check _____MM / YYYY

Exposure suit: Wetsuit (___mm) Semi dry suit (___mm) Dry suit (neoprene shell vulc. rubber)

Regulators: Main regulator Octopus Pony system Rebreather-bail out Other

BCD: None Horse-collar style Jacket style Wing style **Quick release system:** YES NO

Weights: None Belt Integrated Harnas in BCD pocket **Quick release system:** YES NO

Instruments: None SPG Depth gauge Watch Computer Tables (type:_____)

Other equipment/ accessories used: _____

Dive Incident Management:

Incident occurred: Surface(pre-dive) Descent Mid-dive Ascent Safety stop Surface(post dive)

Other/detail: _____

Discovered by: Diver Buddy Lookout Dive leader Instructor Other _____

Action taken: Solved issue Offer gas Assist First Aid/CPR Oxygen Search Recovery

Other/ detail _____

Action taken by: Diver Buddy Lookout Dive leader Instructor Other _____

Behaviour: Calm Erratic Panic Stress Lethargic Non-reponsive N/A

Authorities alarmed: 911 Coast Guard RCMP RCC SAR Other _____

First Aid: CPR Artificial-ventilation Oxygen(_____% time:_____) AED Bandages Drugs

Other/ detail: _____

Description of incident:

Follow up:

Diver Evacuated: YES NO **By:** Coast-Guard SAR Ambulance Other:_____

Evacuation to: _____

Eye witnesses:	Name:	City	Role:	Tel. Nr.:
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____
4)	_____	_____	_____	_____
5)	_____	_____	_____	_____
6)	_____	_____	_____	_____

Conclusion: _____

Main Cause: _____

Contributing factors: _____

