

22 Appendix 10

22.1 Scientific Diver Information Sheet

Personal Information	
Applicant Name:	Date of Birth:
Mailing Address:	Home Phone:
	Daytime Phone:
	Cell Phone:
	Email:
Emergency Contact Information	
Contact Name:	Address:
Relationship:	
Phone:	
Alternate Phone:	
Special Instructions:	
Employment Information	
Employer Name:	Position/Title:
Supervisor Name:	Position/Title:
Supervisor Address:	Supervisor Phone:
	Supervisor Email:
Scientific Diving Experience	
Have you previously been as qualified scientific diver? <input type="checkbox"/> Yes <input type="checkbox"/> No	If YES: Please complete information below and provide an official letter from the previous institution's DSO verifying scientific diver training and qualification, with copies of supporting documentation.
Institution/Organization Name:	
Diving Safety Officer Name:	Date of Last Scientific Dive:
Phone:	Address:
Email:	

Application Date: ____/____/____

General Diving Experience		
Dive Training (attach copies of all certifications)	Agency	Date

Certification Level:		
Number of Career Dives:		
Additional Certifications (i.e. drysuit, enriched air nitrox, dive rescue, etc.)	Agency	Date
1.		
2.		
3.		
4.		
Emergency Care Training	Agency	Date
CPR		
First Aid		
Oxygen Administration		
Other:		
<p>Diving Experience Summary: Please provide a brief description of your diving experience. Include total number of dives, diving environments, equipment used, projects worked on, investigators with whom you have worked, etc. Use additional pages if necessary. Attach copies of any/all certifications.</p>		

Recent Diving Activity: To qualify as an active scientific diver you must have logged 12 dives in the last 12 months(1 dive in the last 6 months near your depth certification). This does not apply to divers engaged in training activities.						
#	Date	Location	Depth	Time	Purpose	Institution / Organization
1						
2						
3						
4						

5						
6						
7						
8						
9						
10						
11						
12						
Proposed Diving Activities						
Briefly describe your proposed diving activities. Include depth ranges(s), site/locations, tasks and equipment, # dives per day, # divers, etc. (this is not a substitute for an authorized Dive Plan).						
Equipment Information						
(R = required equipment) (* = proof of annual service required)	Model/Type	Serial #	Service Date			
Regulator (* R)						
Alternate Air Source (* R)						
Pressure Gauge (R)						
Depth Gauge (* R)						
Dive Timer/Computer (* R)						
BC/ BCD (R)						
Exposure Suit						
Weight System						
Mask, Snorkel & Fins						
Cutting Tool (R)		Audible Surface Signal (i.e. whistle) (R)				
Additional Equipment:						