



SCIENTIFIC DIVING PERMIT APPLICATION FORM

Faculty members/Principle Investigators/ Supervisors and the Person-in Charge should complete this form jointly, identifying specific health and safety procedures and controls for the work area. This document shall be reviewed with all personnel expected to be involved with the project. Applications must be submitted **no later than five (5) business days prior to the intended dive date**. The application will be reviewed by the Diving Safety Officer (DSO) prior to the issuance a Scientific Diving Permit for the described dive. **Dives shall not commence until a valid permit is in place.**

1. Project

Diver in Charge:

Campus address:

Telephone:

Email:

Project start date:

End date:

2. Project Description

Provide a detailed description of the intended diving project (or attach description on a separate page and submit with this application form).

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3. General diving information (*Select all options that apply and provide requested information*).

Mission(s):

Observation and Recording

Surveying

Coring

Photography

Collection and Sampling

Installation and Maintenance

Training

Other (specify):

Mode:

SCUBA (air)

SCUBA (other)

Snorkel

Special modes & equipment (specify):

Dive sites (*Provide the exact dive location, including province, country, town/city, site name or coordinates and indicate how access is achieved (e.g. shore or boat) for each site listed*).

Anticipated total number of dives:

Maximum depth (m):

Anticipated number of dives at each depth:

0-10 m:

10-20 m:

20-30 m:

30-40 m:



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Dive team (*Identify all project crew members including roles and responsibilities, level of diving certification and emergency contact information*).

Special environmental conditions (list all applicable)

4. Description of dive plan(s) (including dive profiles and residual nitrogen status during the period of study; please attach additional pages if needed)

5. Risk assessment and health and safety protocols

- A. Complete the **Task Based Risk Assessment** and submit a copy with this application. Maintain a copy with your diving records.
https://www.mun.ca/health_safety/OHSMS/JHA_form_-_v1.1.pdf .
- B. **Emergency procedures** (Describe the communication equipment, oxygen and first aid resources, emergency health services availability, chamber and transport availability and activation time for your proposed dive site).



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Applicant Declaration (use of electronic signatures is highly recommended).

I have read and understand that all diving conducted under University auspices must comply with Memorial University's Guide for Scientific Diving. I understand further that all personnel involved in the diving operations described herein must be registered with the University's Diving Safety Officer prior to any dive.

PI/Supervisor Signature

Date:

Diver-in-Charge Signature

Date:

Diving Safety Officer Approval

I certify that I have reviewed this scientific diving permit application. I have consulted with the applicant as necessary and hereby approve this application.

DSO Signature

Date:

Scientific diving permit # issued:

Expiry date: