

**APPENDIX 15  
DIVING INCIDENT REPORT FORM**

Use this form to report diving related accidents, injuries, and incidents. Dive logs must be submitted with this report. Reports must be submitted within 24 hours of any incident. Contact the HPU DSO with any questions.

Your name: \_\_\_\_\_ Phone: \_\_\_\_\_ Role at scene: \_\_\_\_\_

**GENERAL DETAILS**

Diver Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Diver's Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Diving certifications: (AAUS/HPU) \_\_\_\_\_ (Recreational)

Dive Buddy: \_\_\_\_\_ Phone: \_\_\_\_\_

Diving Certifications: (AAUS/HPU) \_\_\_\_\_ (Recreational)

Location of Incident: \_\_\_\_\_ Dive Plan Reference No.: \_\_\_\_\_

Description of Scene of Incident: \_\_\_\_\_

Description of conditions: \_\_\_\_\_

Lead Diver: \_\_\_\_\_ Phone: \_\_\_\_\_

Diving certifications: (AAUS/HPU) \_\_\_\_\_ (Recreational)

Dive Type:  Scientific  Training  Proficiency  Other: \_\_\_\_\_

Incident occurred:  At depth  At surface  On Shore

**RESPONSE**

Calls placed:  9-1-1  DAN  USCG  DSO

Oxygen on-site:  Yes  No Oxygen used:  Yes  No

Oxygen ran out:  Yes  No O2 notes: (duration, etc) \_\_\_\_\_

First Aid on-site:  Yes  No First Aid used:  Yes  No

Insufficient First Aid on site:  Yes  No Insufficient training:  Yes  No

If applicable, time elapsed until paramedics arrived: \_\_\_\_\_

Destination for medical care: \_\_\_\_\_

Recompression chamber treatment:  No  Yes Schedule: \_\_\_\_\_

Hospitalization:  No  Yes Diagnosis: \_\_\_\_\_

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### **PERSONAL ACCOUNT**

Please describe the incident in detail. Include any details you believe to be relevant in the cause or handling of the incident. Attach additional pages if necessary.

What can be done in future dive operations to avoid repeat occurrences?

## CONTRIBUTING FACTORS

Check all that apply:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Inexperienced Diver         | <input type="checkbox"/> Poor dive planing         | <input type="checkbox"/> Negligent boating traffic    |
| <input type="checkbox"/> Inexperienced Buddy         | <input type="checkbox"/> Poor dive execution       | <input type="checkbox"/> No dive float                |
| <input type="checkbox"/> Poor communication          | <input type="checkbox"/> Buoyancy problem          | <input type="checkbox"/> Boat staff inadequacies      |
| <input type="checkbox"/> Diving beyond skill level   | <input type="checkbox"/> Low on air situation      | <input type="checkbox"/> Hazardous marine life        |
| <input type="checkbox"/> Inadequate supervision      | <input type="checkbox"/> Out of air situation      | <input type="checkbox"/> Allergic reaction            |
| <input type="checkbox"/> Buddy separation            | <input type="checkbox"/> Rapid ascent              | <input type="checkbox"/> Entanglement                 |
| <input type="checkbox"/> Buddy negligence            | <input type="checkbox"/> Uncontrolled ascent       | <input type="checkbox"/> Lack of buddy checks         |
| <input type="checkbox"/> Buddy breathing             | <input type="checkbox"/> Missed deco stop          | <input type="checkbox"/> Equipment malfunction        |
| <input type="checkbox"/> Poor buddy pairing/match    | <input type="checkbox"/> No safety stop            | <input type="checkbox"/> Equipment misuse             |
| <input type="checkbox"/> Post-dive buddy system fail | <input type="checkbox"/> Trouble equalizing        | <input type="checkbox"/> Unfamiliar equipment         |
| <input type="checkbox"/> Pre-dive jitters/stress     | <input type="checkbox"/> Reverse block             | <input type="checkbox"/> Lack of essential equip      |
| <input type="checkbox"/> Fatigue                     | <input type="checkbox"/> High surf                 | <input type="checkbox"/> Emergency gear not present   |
| <input type="checkbox"/> Anxiety                     | <input type="checkbox"/> Strong current            | <input type="checkbox"/> Cylinder air - strange taste |
| <input type="checkbox"/> Hurried actions             | <input type="checkbox"/> Poor visibility           | <input type="checkbox"/> Dive computer misuse         |
| <input type="checkbox"/> Error in judgement          | <input type="checkbox"/> Lifeguard warnings posted | <input type="checkbox"/> Ignored dive computer        |
| <input type="checkbox"/> Sea sickness                | <input type="checkbox"/> Conditions changed fast   | <input type="checkbox"/> Ignored buddy                |
| <input type="checkbox"/> Dehydration                 | <input type="checkbox"/> Challenging conditions    | <input type="checkbox"/> Ignored lead diver           |
| <input type="checkbox"/> Hungover                    | <input type="checkbox"/> Disregarded warnings      | <input type="checkbox"/> Nitrox misuse                |
| <input type="checkbox"/> Drugs/Alcohol               | <input type="checkbox"/> Unfamiliar location       | <input type="checkbox"/> Diving too deep              |
| <input type="checkbox"/> Inadequate fitness          | <input type="checkbox"/> Lost diver                | <input type="checkbox"/> Exercise after diving        |
| <input type="checkbox"/> Lack of attention/focus     | <input type="checkbox"/> Couldn't find exit        | <input type="checkbox"/> Flying after diving          |
| <input type="checkbox"/> Result of panic             | <input type="checkbox"/> Overhead environment      | <input type="checkbox"/> No fault/freak accident      |

Other: \_\_\_\_\_

**EQUIPMENT - In the case of equipment failure/malfunction, check the appropriate boxes**

Dive gear used: Answer all questions in regards to the injured diver (except the question about buddy's gear)

Injured Diver:	<input type="checkbox"/> Owned	<input type="checkbox"/> Rented	<input type="checkbox"/> Borrowed	<input type="checkbox"/> Incomplete
Buddy:	<input type="checkbox"/> Owned	<input type="checkbox"/> Rented	<input type="checkbox"/> Borrowed	<input type="checkbox"/> Incomplete
Air tank:	<input type="checkbox"/> Closed	<input type="checkbox"/> Partially Open	<input type="checkbox"/> Open	
	<input type="checkbox"/> Leaking from neck	<input type="checkbox"/> Leaking from valve	<input type="checkbox"/> Empty	
Air hoses:	<input type="checkbox"/> Good	<input type="checkbox"/> Rupture	<input type="checkbox"/> Hose loose at 1st stage	<input type="checkbox"/> Hose loose at working end
Primary 2nd stage:	<input type="checkbox"/> Good	<input type="checkbox"/> Failed	<input type="checkbox"/> Free-flowing	<input type="checkbox"/> Resistance
Secondary 2nd stage:	<input type="checkbox"/> Good	<input type="checkbox"/> Failed	<input type="checkbox"/> Free-flowing	<input type="checkbox"/> Resistance
BCD Inflator:	<input type="checkbox"/> Good	<input type="checkbox"/> Stuck	<input type="checkbox"/> Hose disconnect	<input type="checkbox"/> Not working
BCD Jacket:	<input type="checkbox"/> Good	<input type="checkbox"/> Too big	<input type="checkbox"/> Not holding air	<input type="checkbox"/> Tank slipped
BCD Dump Valves:	<input type="checkbox"/> Good	<input type="checkbox"/> Leak	<input type="checkbox"/> Don't open	
Face mask:	<input type="checkbox"/> Good	<input type="checkbox"/> Leak	<input type="checkbox"/> Fogging	<input type="checkbox"/> Dislogged
Weights:	<input type="checkbox"/> Integrated	<input type="checkbox"/> Belt	<input type="checkbox"/> Too heavy	<input type="checkbox"/> Too light
	<input type="checkbox"/> Dropped weights		<input type="checkbox"/> Stuck in place	<input type="checkbox"/> Unfamiliar
Fins:	<input type="checkbox"/> Too tight	<input type="checkbox"/> Loose	<input type="checkbox"/> Strap broke	<input type="checkbox"/> Lost fin (s)
Dive Computer:	<input type="checkbox"/> Good	<input type="checkbox"/> Lost	<input type="checkbox"/> Ignored	<input type="checkbox"/> Stopped working
	<input type="checkbox"/> Wrong breathing mix set	<input type="checkbox"/> Borrowed	<input type="checkbox"/> Exchanged with other diver between dives	
Watch (time device):	<input type="checkbox"/> Good	<input type="checkbox"/> Ignored	<input type="checkbox"/> Lost	<input type="checkbox"/> Stopped working
Depth gauge:	<input type="checkbox"/> Good	<input type="checkbox"/> Ignored	<input type="checkbox"/> Not working	<input type="checkbox"/> Unreadable

Please list any additional comments you have about equipment involved in the incident.

## ADDITIONAL COMMENTS

Use this space for any additional comments or concerns.

*I certify the above information is accurate and as detailed as I can recall. Should any extra details be recalled in the future, I will submit that information to the Dive Control Board as soon as possible. I understand that altering the facts in my story in an attempt to cover up information of the incident are severly punishable. Punishment shall include revocation of diving priviledges and any further action the university shall see fit.*

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**Signature**

**Printed name**

**Date**