

## APPENDIX C: SCIENTIFIC DIVE PLAN APPLICATION

**All dives must be planned around the competency of the least experienced diver.** Before conducting any archaeological diving under the auspices of TAMU, the Principal Investigator (PI), in concert with the Lead Diver, must formulate a dive plan that addresses the items below. This dive plan must be approved by the Archaeological Diving Control Board prior to the start of field work. Dive plans can be formulated for periods not to exceed one year. If locations, techniques, environmental conditions, and personnel do not change, additional dive plans are not required for the duration of the approved period (up to one year).

<b>PROJECT TITLE:</b>	
<b>SUBMITTED BY:</b>	
<b>DEPARTMENT:</b>	<b>FUNDING SOURCE(S):</b>

<b>1. ENVIRONMENTAL FACTORS</b>	
<b>Location(s)</b>	
<b>Currents</b>	
<b>Visibility</b>	
<b>Depths</b>	
<b>Habitat Type</b>	
<b>Bottom Type</b>	
<b>Anticipated Hazards</b>	

<b>2. PLANNED DIVING ACTIVITIES (be specific in your descriptions)</b>	
<b>Proposed Work</b>	
<b>Proposed Time Period (Dates)</b>	
<b>Diving Equipment and Gases</b>	
<b>Diving Platforms</b>	
<b>Estimated Working Depths and Bottom Times</b>	
<b>Estimated Number of Dives per Diver per Day</b>	
<b>Method of Tracking Nitrogen Absorption</b>	(state specific tables and/or brands of computers to be used)
<b>Estimated Total Number of Dives</b>	

**3. Will any planned dives require decompression, and if so what decompression gases and means of tracking nitrogen or oxygen will be used?**

**4. Attach a completed Diving Accident Management Plan that includes the following:**

- a. Name, telephone number, and relationship of emergency contact person for each diver.
- b. Nearest two operational recompression chambers and phone numbers of each.
- c. Nearest two hospitals, distances to them, and phone numbers of each.
- d. Available means of emergency transportation and phone numbers.

**5. Divers and qualifications relevant to the proposed dive plan.**

<b>Position</b>	<b>Name</b>	<b>SCUBA Certification Level/Agency</b>	<b>Depth Certification</b>	<b>Physical Expiry Date</b>	<b>Insurance Provider &amp; #</b>	<b>DCB Approval</b>
Principal Investigator						
Lead Diver						

List any additional personnel and the appropriate information on an additional page if extra space is needed.

6. A copy of the approved **Scientific Dive Plan Application** with **Diving Accident Management Plan** is to be kept at the dive site(s). An oxygen kit and First Aid kit are also required at the dive site(s). The Project PI is to sign this paragraph indicating an understanding of and compliance with these requirements.

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Signature of Project PI

Date

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Print Name

**7. Required Signatures of Approval:**

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Archaeological Diving Control Board Member  
TAMU College Station

Date

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Archaeological Diving Control Board Member  
TAMU College Station

Date

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Archaeological Diving Control Board Member  
TAMU College Station

Date

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Archaeological Diving Control Board Member  
TAMU College Station

Date