

# Appendix 10.1

## Florida Tech Project Approval Form

(must be submitted to the Florida Tech DSO at least 2 weeks prior to planned dive activities)

Diving Safety Officer Use Only

Project # \_\_\_\_\_

Approval Date: \_\_\_\_\_

1. Objective of Project (use separate sheet if necessary)
  
2. Project Director: \_\_\_\_\_
3. Lead Diver: \_\_\_\_\_
4. Florida Tech and other project equipment to be used (boats, dive gear, transportation, etc.)
  
5. Special Diving Equipment:
  
6. Dive Sites (use additional sheets if necessary)

1	2
Location _____	_____
Depth _____	_____
Day/Night _____	_____
7. Date of first dive: \_\_\_\_\_
8. Date of last dive: \_\_\_\_\_
9. Estimated number of dives: \_\_\_\_\_
10. Names of All Divers (visiting divers **must** contact the FL Tech DSO at least 1 month in advance regarding eligibility to dive under the auspices of the FL Tech Dive Program)

Name	Depth Rating	Signature
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
11. Name, location, phone number of hospital closest to dive site:
  
12. Name, location, phone number of nearest recompression chamber.
  
13. List all available modes of transportation to be utilized (boats, autos, helicopter, etc) in the event of an emergency involving an injured diver.
  
14. Signature of Faculty Coordinator: \_\_\_\_\_  
Dept. \_\_\_\_\_ Phone \_\_\_\_\_

**\*\* Any deviations to this dive plan **must** be reported to the FL Tech DSO **immediately**. Divers who fail to do so risk suspension of their FL Tech Diving privileges.**