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)

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. Location __________________ 2. __________________

   Depth __________________ 2. __________________

   Day/Night __________________ 2. __________________

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.