

DIVER INCIDENT REPORT

******* BEGIN FIRST AID / CPR / AED / O2 IMMEDIATELY*******

DATE _____ TIME _____ INCIDENT _____ AGENCY # _____

VICTIM NAME: _____ DIVE CERT LEVEL _____

*******VITALS SHALL BE MONITORED EVERY 10 MINUTES*******

1ST VITALS: BREATHING _____ PULSE _____ B/P _____ CHECKED BY: _____ TIME _____

2ND VITALS: BREATHING _____ PULSE _____ B/P _____ CHECKED BY: _____ TIME _____

SYMPTOMS _____

AGENCY NOTIFIED: COAST GUARD _____ LIFEGUARD _____ OTHER _____ HOW : VHF _____ TELE. _____ OTHER: _____

BY WHOM: _____ TIME NOTIFICATION MADE _____

TIME CPR STARTED _____ AED ADMINISTERED _____ O2 STARTED _____ FIRST AID _____

BY WHOM _____

GROUP NAME: _____ INSTRUCTOR: _____ D/M: _____

DIVE TIME: _____ DIVE WITH/LEAD BY: INSTRUCTOR: _____ DIVE BUDDY: _____ **SOLO:** _____

DISCOVERED BY: _____ REPORTED BY: _____

REPORTED MISSING BY: _____ RECOVERED BY: _____

DIVE-SUIT REMOVED BY: _____ @ TIME _____ UNZIPPED _____ CUT OFF _____

******* DIVE GEAR SHOULD BE SECURED AS IS, DO NOT ADJUST OR CHANGE*******

COMPUTER CHECKED BY: (2 WITNESSES) _____

GEAR CHECKED BY: (2 WITNESSES) _____

IF AIR TURNED OFF, BY: _____ HOW MANY TURNS TO OFF: _____

GEAR GIVEN TO/TAKEN BY: _____ EVIDENCE _____ SAFEKEEPING _____ @ TIME: _____

GEAR SECURED ON BOARD BY: _____ @ TIME _____

WITNESSED BY: _____

VICTIM EVACUATED BY: _____ @ TIME _____

BY: AIRLIFT _____ BOAT _____ OTHER _____ **REFUSED MEDICAL TREATMENT:** _____

*****USE REVERSE FOR ADDITIONAL VITALS CHECKS, WITNESSES OR INFORMATION*****