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U.S. DEPARTMENT OF COMMERCE NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION

## **DIVING INCIDENT REPORT**

NOTE	The Unit Diving Supervisor (UDS) shall use this form to report serious diving related injuries, including near-drowning, arterial gas embolism (AGE), decompression sickness (DCS), pulmonary barotrauma, or any diving injury that requires hospitalization. An additional													
	narrative and detailed analysis of the incident must be attached. Contact the NOAA Diving Center (NDC) to determine whether an event													
	or minor injury requires an incident report.													
SECTIO	ON I. DIV	ING ACCI	DENT VICTIM	GEN	ERAL INFO	RMATIO	N							
DIVER NAME							TIME of I	TIME of INCIDENT		DATE of INCIDENT				
DIVER	CERTIFICAT	TION			DIVE UNIT				LOCATIO	N of INCIDEN	T			
										EGGATION OF INCIDENT				
DIVED	CLIDDENITA	MEDICATIO	NC						DIVED CI	JRRENT HEAL	TU DDOD	U ENAC		
DIVER	CORREINT	WIEDICATIO	INS						DIVERCE	JINLINI HLAL	III FROD	DELIVIS		
For No	DAA obse	rver diver	s and non-N	DAA (	divers, con	nplete th	e remainir	ng blocks ir	Section I	. For NOAA	divers,	proceed to S	ection II.	
AGE					CERTIFYING DIVING ASSOCIATION									
						PREVIOU	IS DIVE INCIDE	NTS and	TS and DATES					
TOTAL	# of DIVING		TOTAL # of DIVES			_	L # of DIVES AST 6 MONT							
			USED BY TH											
	HING LOOF en Circuit	Р	DIVER DRESS  None / D			DIVE CYLI	NDER TYPE a	and SIZE	CYLINDE	R PRESSURE II	V	SEP ISSUED EQUIPMENT?		
			☐ Wet Suit	ve ski	11							YES NO		
				BREATHIN	ATHING GAS			R PRESSURE C	UT	DIVER FAMILIAR WITH EQUIPMENT?				
☐ Sur	face Suppli	ied	☐ Dry Suit									☐ YES ☐ NO		
☐ Snc													113 🗀	110
			MATION – In				T		T				T	
NAME of ON-SITE DIVING SUPERVISOR / LEAD DIVER					AIR TEMP	AIR TEMP (°F) WATER TEMP (°F)		TEMP (°F)	U/W V	ISIBILITY (FT)	CURRENT	SPEED (KTS)		
NAME of DIVE BUDDY				DIVE PUR	POSE	DIV			VE LOCATION					
DIVE BUDDY AFFILIATION				DIVE PLAT	ΓΕΩRM			SURFACE CONDITIONS						
DIVE BODD! AFFILIATION				5172150			5562 55.155.15							
# of DIVES on # of DIVES on				TYPE of D	IVE	DIVES CONDUC			JCTED WITH					
DAY of INCIDENT PREVIOUS DAY					☐ DU	TY 🔲 r	on-DUTY	Dive T	ables [	Dive Comput	er (Model	)		
			If NO, explain:											
	is dive typi diving?	ical of the d	liver's normal		YES	□ NO	, ,							
		blems enco	untered during dives:											
SECTION	ON IV. DI	IVE PROFII	LES – Day of	ncide	ent (Additi	ional dive	profiles fo	or the day o	of the divir	ng incident c	an be a	ttached to th	is form.)	
			/lax Bot				Surface	Deco	Safety			Cold or	Fast	Incident
Dive #	Start Time Depth Time (Feet) (Minute					Interval Stop? HH:MM) (Y/N)		Stop Prof (Y/N) Stop Prof (Depth / Ti				Ascent? (Y/N)	Dive? (Y/N)	
1.														
2.														
3.														
4.														
5.														
6.														

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DIVING INCIDENT REPORT FORM									
SECTION V. EMERGENCY PROC	EDURES								
<u>YES</u> <u>NO</u>				<u>YES</u>	<u>NO</u>				
Was emergency ox					Was there a dive accident management plan in place for dive site?				
Were emergency scenarios discussed with all divers prior to diving operations, such as low air, out of air, lost buddy, etc.?						Was the dive accident management plan reviewed by all divers and support personnel prior to diving operations?			
SECTION VI. SYMPTOMS, PRE-E	DIVE HEALTH, and ON	I-SITE MEDI	CAL TREA	TMENT					
DATE of SYMPTOM ONSET DESCRIPTION of SYMPTOMS and LOCATI				ON on BO	DY				
TIME of SYMPTOM ONSET									
DESCRIPTION of PRE-DIVE HEALTH				DESCRIPTION of PRE-DIVE ALCOHOL CONSUMPTION (previous 24 hours)					
DESCRIPTION of PRE-DIVE REST or FA	ATIGUE LEVELS			DESCRIPTION of STRENUOUS EXERCISE (6 hours prior and 12 hours post-dive)					
SUSPECTED INJURIES or ILLNESSES	ON-STE OXYGEN A		TION	ON-SITE	AID TREATMENT PROVIDED				
☐ AGE ☐ DCS	Belivery Wethou								
☐ Pulmonary Barotrauma	Time Started	Time Started			INITIAL EMERGENCY CONTACT (name of person or agency)				
☐ Other Barotrauma						· , , , , , , , , , , , , , , , , , , ,			
□ None	Time Stopped	Time Stopped			TIME of INITIAL EMERGENCY CONTACT TIME TRANSPORTATION STARTED				
☐ Other									
FIRST-AID TREATMENT PROVIDED D	URING TRANSPORT			EMERGE	NCY T	RANSPORT METHOD(S)			
SECTION VII. MEDICAL INFORM	1ATION – Hospital (At	ttach all Eme	ergency R	oom, Hy	perbai	ric Unit, and follow-up medical records.)			
HOSPITAL NAME and ADDRESS		HOSPITAL TR			DATE of				
						ARRIVAL TIME of			
						ARRIVAL			
HYPERBARIC UNIT NAME and ADDR	ESS	CHAMBER TY	YPE		CHAMBER TREATMENT				
			Monoplac	ce		eatment #1 Time Started Time Stoppedeatment #2 Time Stopped			
			Mulitplace	e		eatment #3 Time Started Time Stopped			
TREATMENT TABLE / DESCRIPTION TABLE EXT			NSIONS		RET	TREATMENT TABLE / DESCRIPTION			
DESCRIBE WHEN RELIEF FROM DESCRIBE ANY RESIDUAL SYMPTOMS OCCURED SYMPTOMS AFTER TREATMENT			DAYS of RE			NAL DIAGNOSIS			
SYMPTOMS OCCURED	STIVIF TOWNS AT TER TREA	ATIVILIVI	31IVIF I OIVIS	3		DCS I AGE Pulmonary Barotrauma			
						DCS II Other			
SECTION VIII. CERTIFICATION			IIDS SIGNIA	TUDE		DATE			
UDS SIGNA						DATE			
NOTE: A Diving Incident Report shall be completed by the UDS and submitted to their Line Office Diving Officer (LODO) within 10 days of the diving incident.  A full report includes the following items:									
1. Diving Incident Report Form (NOAA Form 57-03-01)									
2. Cover memorandum providing a narrative of the diving incident, including causal analysis and recommendations for prevention of future injuries.									
3. Medical records associated with any medical treatment of injuries resulting from this incident.									
The LODO shall submit the UDS report, along with their own causal analysis and recommendations for prevention of future injuries to the Director, NOAA Diving Program within 30 days of the diving incident.									