NOAA Fo	rm 57-03-01
(3-15)	Page 1 of 2

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

## **DIVING INCIDENT REPORT**

NOTE:	

NOTE	E: 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														
				res an incic			t be attached	u. Contact	THE NOAA	Diving Cent	ei (IVDC	z) to determin	ie wiietiiei	an event	
SECTION				VICTIM GE	•		ON								
DIVER NAME								TIME of I	NCIDENT		DATE of	INCIDENT			
DIVER CERTIFICATION DIVE UNIT								LOCATION of INCIDENT							
DIVER	CURRENT	「MEDICA <sup>-</sup>	TIONS						DIVER CU	JRRENT HEAL	TH PROB	BLEMS			
For N	OAA obs	erver div	vers and	non-NOA	divers, co	mplete	the remaining	ng blocks in	Section I	. For NOAA	divers,	proceed to S	ection II.		
AGE	SEX (M/F) HIGHEST DIVE CERTIFICATION LEVEL				-	CERTIFYING DIVING ASSOCIATION									
TOTAL YEARS	# of DIVING							# of DIVES in ST 6 MONTHS			S DIVE INCIDENTS and DATES				
SECTION	ON II. E	OUIPME	NT USED	BY THE DI	VING ACCI	DENT VI	СТІМ		1						
	HING LOC			R DRESS			LINDER TYPE a	and SIZE	CYLINDE	R PRESSURE II	V	SEP ISSUED E	QUIPMENT?		
□ Ор	en Circuit			None / Dive S	kin							☐ YES ☐ NO			
	ni Closed	-		Vet Suit		DDEATH	UNIC CAC		CVIINDE	D DDECCLIDE C		_			
	sed Circui			hickness Dry Suit	<del></del>	BREATH	IING GAS		CYLINDE	R PRESSURE C	101	DIVER FAMILIAR WITH EQUIPMENT?			
☐ Sno		piicu		ory Suit									YES	NO	
SECTION	ON III. E	DIVE INFO	ORMATI	ON – Incide	nt Dive										
NAME of ON-SITE DIVING SUPERVISOR / LEAD DIVER					AIR TEMP	IR TEMP (°F) WATER TEMP (°F)		EMP (°F)	U/W V	/ISIBILITY (FT)	CURRENT	SPEED (KTS)			
NAME of DIVE BUDDY					DIVE PUR	DIVE PURPOSE			DIVE LOCATION						
DIVE BUDDY AFFILIATION					DIVE PLA	DIVE PLATFORM S				SURFACE CONDITIONS					
							TYPE of D	IVE	DIVES CONDUCTE			ED WITH			
# of DIVES on # of DIVES on PREVIOUS DAY				☐ DU	DUTY non-DUTY Dive Tables Dive Computer (Model						)				
Was this dive typical of the diver's normal YES NO type of diving?					If NO, explain:										
	, ,	oblems er e or previ													
SECTI	ON IV. [	DIVE PRO	FILES -	Day of Inci	<b>dent</b> (Addi	tional di	ve profiles fo	or the day	of the divir	ng incident c	an be a	ttached to th	is form.)		
Dive #	Start T	ime	Max Depth (Feet)	Bottom Time (Minutes	End Ti	me	Surface Interval (HH:MM)	Deco Stop? (Y/N)	Safety Stop? (Y/N)	Stop Pro (Depth / T		Cold or Arduous? (Y/N)	Fast Ascent? (Y/N)	Incident Dive? (Y/N)	
1.			( )				, ,	, ,	. , ,				( , ,	, , ,	
2.															
3.															
4.															
5.															
6.															

NOAA Form 57-03-01						U.S. DEPARTMENT OF COMMERCE NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION			
(1-13) Page 2 of 2	<b>D</b> IV	//N/C /N/4	CIDENI		<b>~</b> DT				
DIVING INCIDENT REPORT FORM									
SECTION V. EMERGENCY PROC	EDURES								
<u>YES</u> <u>NO</u>				<u>YES</u>	<u>NO</u>				
☐ ☐ Was emergency oxygen available on-site?						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 S	SYMPTOMS ar	nd LOCATIO	ON on BO	DY				
TIME of SYMPTOM ONSET									
DESCRIPTION of PRE-DIVE HEALTH				DESCRIP	TION o	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	FIRST-	AID TREATMENT PROVIDED			
☐ AGE ☐ DCS	Belivery Method								
☐ Pulmonary Barotrauma	Time Started			INITIAL EMERGENCY CONTACT (name of person or agency)					
☐ Other Barotrauma						· , , , , , , , , , , , , , , , , , , ,			
□ None	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	REATMENT		DATE of				
						ARRIVAL TIME of			
						ARRIVAL			
HYPERBARIC UNIT NAME and ADDR	ESS	CHAMBER TY	YPE			AMBER TREATMENT			
			Monoplac	ce		eatment #1 Time Started Time Stoppedeatment #2 Time Stopped			
			Mulitplace	e	Treatment #3 Time Started Time Stopped				
TREATMENT TABLE / DESCRIPTION TABLE EXTE			NSIONS		RET	TREATMENT TABLE / DESCRIPTION			
	DESCRIBE ANY RESIDUA SYMPTOMS AFTER TREA		DAYS of RE			NAL DIAGNOSIS			
STIVIFTONIS OCCURED STIVIFTONIS ALTER TREATMENT		ATIVILIVI	31IVIF I OIVIS	3		DCS I AGE Pulmonary Barotrauma			
						DCS II Other			
SECTION VIII. CERTIFICATION			UDS SIGNA	TUDE		DATE			
UDS NAME			ODS SIGNA	TORE		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)									
Cover memorandum	providing a narrative of	the diving inc		_		allysis and recommendations for prevention of future injuries.			
3. Medical records asso									
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.									