**DIVE ACCIDENT/INJURY INVESTIGATION REPORT**

### Section I - Personnel Data

<table>
<thead>
<tr>
<th>Diver’s description of accident:</th>
<th>Description of Dives and Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Dive #1 Depth ______ Time ______ S.I.T. _____</td>
</tr>
<tr>
<td></td>
<td>Dive #2 Depth ______ Time ______ S.I.T. _____</td>
</tr>
<tr>
<td></td>
<td>Dive #3 Depth ______ Time ______ S.I.T. _____</td>
</tr>
</tbody>
</table>

Lost Time: Yes ☐ hrs: _______________ No ☐

### Section II - Accident/Conditions

A. Please identify the **primary cause** of the injury/illness (*Carelessness is not an acceptable response*).

B. Are you aware of **similar occurrences** in your department or work area? Yes ☐ No ☐

C. Please identify secondary causes or **contributing factors** (*Check all that apply*).

- ☐ Equipment Malfunction
- ☐ Violation of Dive Plan
- ☐ Boating Related Problem
- ☐ Violation of procedure (e.g., Failure to use PPE)
- ☐ Heat/Cold Emergency
- ☐ Barotrauma
- ☐ Environmental Related (Shark Attack)
- ☐ Too Fast Ascent Rate
- ☐ Bad Breathing Gas
- ☐ Other (*be specific*): _________________________________________________________________________

D. Was the location or condition of the accident **evaluated within 24 hours** of the incident? Yes ☐ No ☐

If no, date evaluated? _____/_____/_____. By whom: _________________________

Briefly describe findings: _____________________________________________________________________

E. In your opinion, is job specific safety **training/counseling** required? Yes ☐ No ☐

F. Describe what **specific** steps have been taken to **prevent recurrence** (*If no actions have been taken please explain*)

___________________________________________________________________________________________________________

G. The cause of the injury and steps to prevent recurrence **have been discussed** with the Diver.

_________________________________________         _________________________________ _________________
Supervisor’s signature                   Diver’s signature     Date

### Section III - Follow-up (*To be completed by DSO*)

<table>
<thead>
<tr>
<th>Exposure Potential:</th>
<th>☐ Mild</th>
<th>☐ Moderate</th>
<th>☐ Significant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Probability of Recurrence:</td>
<td>☐ Frequent</td>
<td>☐ Occasional</td>
<td>☐ Rare</td>
</tr>
</tbody>
</table>

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