

**NOAA DIVING PROGRAM
SPECIAL DIVE OPERATIONS PLANNING SHEET**

Date(s) of operations:	# of divers:
Locations of operations:	# of stand-by divers:
Distance from shore:	# of dive supervisors:
Evacuation time to chamber:	# of dives per day:
Depth range of dive ops:	# of consecutive dive days:
Distance from direct access to surface (overhead obstruction or penetrations):	
Special techniques:	
Dive operation information:	
Primary and special diver-worn equipment:	
Specialized training and/or certification (e.g.– line tending, ice diving, penetration, blue water, etc...):	
Potential hazards:	
Primary means of evacuation for emergencies:	
NMAO Medical Contact Name and Number: NDC Contact Name and Number: DAN Contact Number: USCG or EMS Contact Number: Primary Chamber Telephone # and Contact Name: Secondary Chamber Telephone # and Contact Name:	
Submitted by:	Date: