

**U.S. FISH AND WILDLIFE SERVICE  
FIELD CREW EMERGENCY PLAN AND PRE-DIVE BRIEFING**

Office Name: \_\_\_\_\_

Project Title: \_\_\_\_\_ Dates of Mission: \_\_\_\_\_

Methods of Travel: \_\_\_\_\_

Project Location (attach map, chart, etc.): \_\_\_\_\_

Dive Team Members (*Leader)/ (**Conditional Diver)	FWS Authorization Date	Emergency Contact Name	Emergency Contact Phone

\*\* Conditional Divers must be accompanied by a Service certified Diver.

Mission Description (methods, depths, conditions, etc.):

Dive Safety Plan (title and date): \_\_\_\_\_

Field Safety Gear Checklist: First Aid Kit      Oxygen Kit      Tool Kit      (As Needed)  
Radio (frequency) \_\_\_\_\_ Phone (No.) \_\_\_\_\_

Emergency Evacuation Plan:

**Important Phone Numbers:**

Emergency Medical Services: 911

Recompression Chamber:

Diving Physician:

U.S. Coast Guard:

Diving Alert Network (DAN): 800-326-3822 or 919-684-8111

**Concur:** \_\_\_\_\_ **Approved:** \_\_\_\_\_  
Field Diving Officer      Date      Supervisor      Date