NOAA (6-0		DATE:						
	• .	shall complete and submit this form to the NOAA Diving DAA Diving Center immediately following the diving activ						
diving. dive(s) i employe	In consideration of being allowed to part for any harm, injury, damage or death uni ees, from any demand, claim or lawsuit fo	ociated with diving and declare that I am in good me icipate in this activity, I hereby personally assume a foreseen. I further save and hold harmless said acti or personal injury, property damage, or wrongful dea assigns, arising out of my participation in this activity	Il risks in connection with any vity and NOAA, and any of its ath, by me, my family, heirs,					
I have read and understand all requirements of the NOAA Diving Safety Rules (NAO 209-123, Exhibit 1) and agree to abide by them while diving as a NOAA Observer Diver.  My signature indicates I have read the above reliability release and the NOAA Diving Safety Rules and fully understand their content.								
OBSERVER N	NAME:	SIGNATURE:	DATE:					
participatir		Supervisor shall ensure all items listed below have been completed. Reference the NOAA Diving Regulations for						
	A NOAA Diving Program "Observer Diver Medical History Report" has been completed, reviewed, and approved by a Health Care Provider within 12 months of the planned dive(s).							
	Evidence of minimum dive experience of 10 dives, one of which was completed within the last 3 months, was presented.							
	Evidence of a diving certification from a recognized certifying agency was presented.							
	Diver has not completed 6 dives as a NOAA Observer Diver during the current calendar year.							
	Diver has reviewed and understands the NOAA Diving Safety Rules (Exhibit 1 of NOAA Diving Regulations)							
	Diver's gear has been inspected by the UDS for current maintenance and proper operating condition (Diver must supply equipment).							
	Diver is familiar with diving equipment to be used.							
	Planned dives and dive conditions are within the apparent abilities and skill level of the Observer Diver							
	Lost buddy, low air, out of air, etc., scenarios	s have been discussed with Observer Diver.						

My signature signifies that all of the above items have been completed prior to the planned diving operations, and that the diving activities and expected diving conditions are within the apparent abilities and skill level of this Observer Diver.

LINE OFFICE:

The Observer Diver will be accompanied by a fully certified NOAA Scientific or Working diver who will not be performing work and who's sole

UNIT & LOCATION:

☐ The Dive Accident Management plan for the dive site has been discussed with the Observer Diver.

☐ The Observer Diver will be limited to visual observations and/or photography while diving.

task is to monitor the Observer Diver.

UDS SIGNATURE:

Log all dives for Observer Diver below:

	Date	Dive Location	Maximum Depth (ft)	Bottom Time (mins)	NOAA Dive Buddy	Dive Purpose and Remarks
1.						
2.						
3.						
4.						
5.						
6.						

Submit a copy of this completed form to the NOAA Diving Center immediately following diving operations.