



INDIANA UNIVERSITY

OFFICE OF THE EXECUTIVE VICE PRESIDENT
FOR UNIVERSITY ACADEMIC AFFAIRS

University Environmental Health and Safety

Snorkeling and Scuba Diving After Action Report

This report should be completed by the IU project / activity leader no more than 30 days after a project or activity involving snorkeling or scuba diving. The IU Diving Control Board's designee, the Diving Safety Officer (DSO), will receive and review all scuba diving and snorkeling requests at: 1025 East Seventh Street, SPH 112J, Bloomington, Indiana 47405.

Project/Activity Dates: _____

Project/Activity Location(s): _____

Project/Activity IU campus affiliation: _____ **Department/Unit affiliation:** _____

Project/Activity Primary Leader's Name: _____

Primary Phone: _____ **Email:** _____

Please briefly describe any change in the scope of the project or activity as compared to the original planned activities as reported in the Information Request Form for Scuba Diving and Snorkeling Activities (Example: changes to dive plan, charters/operations used, project activities, etc.):

Please indicate the number of participants involved in scuba diving and/or snorkeling activities:

	Snorkeling Only	Scuba Diving Only	Snorkeling and Scuba Diving
# of Faculty / Staff			
# of IU Students			
# of Guests			

Snorkeling Summary

Total Number of Snorkeling Dives: _____

Example: Five students snorkeled two days each, twice per day. Total number reported = 20.

Snorkeling Certifications Awarded, if applicable:

Certification Awarded (Include Agency)	Total Certifications Awarded

Scuba Diving Summary

Please indicate the number of dives per each participant group involved in scuba diving activities:

	Faculty / Staff	IU Students	Guests
# of Recreational Dives			
# of Scientific Dives			
# of Training Dives			

Total Number of Scuba Dives: _____

Example: Five students did two tank scuba dives over two days. Total number reported = 20.

Total Bottom Time, Scientific Dives Only: _____

Scuba Diving Certifications Awarded, if applicable:

Certification Awarded (Include Agency)	Total Certifications Awarded

Additional Reporting

Do you have an incident to report? Yes No

If "Yes", please complete the IU Incident Report Form.

Did an IU faculty, staff, or hourly employee serve as a recreational diving instructor or diving guide and provide in-water training or supervision during this project/activity? Yes No

If "Yes, please have each IU recreational diving instructor or diving guide complete and submit the IU Diver Log for each dive conducted under University auspices.

Submit this form, and additional documentation as applicable, to the Diving Safety Officer in either electronic or hardcopy format. Should you have questions, please call the DSO at (812) 856-5860.

Electronic: sihaskel@indiana.edu

Hardcopy: 1025 East Seventh Street, SPH 112J

Project/Activity Leader: _____ **Date:** _____
Signature

For Office Use Only:

Date Received: _____ Date Recorded: _____