



INDIANA UNIVERSITY

OFFICE OF THE EXECUTIVE VICE PRESIDENT
FOR UNIVERSITY ACADEMIC AFFAIRS
University Environmental Health and Safety

Information Request Form for Snorkeling or Scuba Diving Activities

This form should be completed by the IU project / activity leader no less than 30 days prior to planned scuba diving or snorkeling activities. The IU Diving Control Board's designee, the Diving Safety Officer (DSO), will receive and review all scuba diving and snorkeling requests.

Please complete this application for review by the Diving Control Board.

Project/activity dates: _____

Project/activity location: _____

Project/activity IU Campus affiliation: _____

IU Department or program affiliation: _____

Project/activity Leader 1 Name: _____

Phone & Email: _____

Diver certification rating/agency: _____

Project/activity Leader 2 Name: _____

Phone & Email: _____

Email: _____

Diver certification rating/agency: _____

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

Faculty / Staff (# _____) IU Student (# _____) Visitor (# _____)

Please briefly describe the scope of project or activity (dives per day, total daily bottom time, etc.):

