



# 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: [mhaydu@indiana.edu](mailto:mhaydu@indiana.edu)

Hardcopy: 1025 East Seventh Street, SPH 112J

**Project/Activity Leader:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*Signature*

**For Office Use Only:**

Date Received: \_\_\_\_\_ Date Recorded: \_\_\_\_\_