**SCIENTIFIC DIVING ACCIDENT/INCIDENT REPORT FORM**

Notify Diving Safety Officer immediately after the incident occurs. Complete this form within 24 hours and submit it to the Diving Safety Officer.

<table>
<thead>
<tr>
<th>Name: Last</th>
<th>First</th>
<th>MI.</th>
<th>Date of Birth</th>
<th>Social Security No.</th>
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<tr>
<th>Local Address: Street</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
<th>Phone No.</th>
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<th>Permanent Address: Street</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
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<thead>
<tr>
<th>Current Status: Faculty / Staff</th>
<th>Student</th>
<th>Visiting Scientist</th>
</tr>
</thead>
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<tr>
<td>[ ] Faculty / Staff</td>
<td>[ ] Student</td>
<td>[ ] Visiting Scientist</td>
</tr>
</tbody>
</table>

Home Academic Institution _________________________________

Your role in this incident: [ ] Scuba Diver [ ] Dive Buddy
[ ] Boat Operator [ ] Witness
[ ] Other ____________________

Was this incident work-related? Did this incident occur while you were performing duties as an employee of Walla Walla University?

[ ] Yes [ ] No

If YES, you must complete the WWU Work-Related Incident Report Form in addition to this Scuba Diving Incident Report Form within 24 hours.

If NO, you must complete the WWU Non-Work-Related Incident Report Form in addition to this Scuba Diving Incident Report Form within 24 hours.

**Location of Scuba Diving Incident:**

How could this incident have been prevented? Use extra pages if necessary.

**Date & Time of Incident**

<table>
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<tr>
<th>Month</th>
<th>Day</th>
<th>Year</th>
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<td>_____</td>
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[ ] a.m. [ ] p.m.

**FULLY DESCRIBE INCIDENT:** If you fell, was it indoors or outdoors? If you were struck, name the object. Were you lifting, pulling, pushing or carrying? If machinery or equipment was involved, name and describe its function. Include names and roles of scuba divers, boat operators, and other people involved in or witness to the incident. Include dive profile and equipment used. Use extra pages if necessary.

**Nature of injury and part of body affected:** (Example: Cut to my right index finger / Cough due to inhalation of water)

Did you seek medical treatment?

[ ] Yes [ ] No

Name of Hospital and/or Clinic:

Name of Physician:
Check and circle all factors contributing to the incident.

☐ HUMAN
  - Training
  - Task performance
  - Scuba history
  - Panic

☐ SITE CONDITIONS
  - Entanglement hazards
  - Current
  - Visibility
  - Weather

☐ EQUIPMENT
  - Scuba equipment
  - Boating equipment
  - Research equipment

☐ TIME FACTORS
  - Length of dive
  - Air availability
  - Sequence of events

☐ POLICIES AND PROCEDURES
  - Safety Policies and Procedures
  - Operating specifications

Describe how these factors contributed to the incident (if not described previously)

Signature of Person Completing This Form: Date:            Diving Safety Officer Signature: Date:

Diving Safety Officer will submit this form to the Diving Control Board chair and to Risk&Safety Management within 24 hours of receiving it. Diving Safety Officer will ensure that additional forms are completed and procedures are followed by the appropriate individuals as required by WWU policies.

Diving Control Board Actions