

DIVING INCIDENT REPORT

DEFINITION: A Diving Incident is any error or unplanned event that could, or indeed did, reduce the safety margin for a diver on a particular dive. The error may have been made by anyone involved with the dive. It may also include equipment problems. The incident may have been preventable or unpreventable. Most incidents don't cause harm, but reporting such incidents will give valuable information when considered with other incidents.

ANONYMITY: Please **DO NOT** identify any person involved.
This form will not be available to any legal process.
Anonymity is assured.

QUALITY: Please **DO NOT** report hearsay incidents.

INSTRUCTIONS: Please read all boxes carefully. In addition to circling one or more options under each heading, write simply in your own words a description of what happened. This narrative is the most important component of the report.

Dr Chris Acott and Dr Richard Harris from the Diving and Hyperbaric Medicine Unit at the Royal Adelaide Hospital, Adelaide, South Australia will coordinate these reports.

Please return the completed form to:

Diving Incident Monitoring Study (DIMS)
30 Park Ave.,
Rosslyn Park SA 5072
AUSTRALIA

Fax: - 61-(0)8 84318219 or - 61-(0)8 8232 4217

Whose incident was it?

Yours....YS

Your buddy....YB

Someone else's....SE

When was the incident detected:

PreparationPP

Entry EN

DescentDS

During diveDD

AscentAS

ExitEX

Following exit ...FE

Did the diver have any health problems prior to incident: Yes No Not known

Specify:

Did this incident involve cave diving?

Yes No Not known

Marine Inland Not known

If CDAA rated site was it: Cavern Sinkhole Cave Penetration

Was the diver qualified for the site? Yes No Not known

Did you consider this to be a "Technical" dive*:

Yes No Not sure

*Definition: Planned decompression, overhead environment, planned depth>40m, gas other than air or EANx 22-40% oxygen, use of rebreather.

If a rebreather was in use: (may tick more than one)

Semiclosed Fully closed Not known
 Production model Significantly modified Home built
 Manual control Electronic control Brandname _____

Possible problems: Oxygen toxicity Hypoxia High carbon dioxide Sensor/readout
 Scrubber Caustic cocktail One way valve Lack of precheck/prebreathe
 Buddy not familiar Other Specify:

Gas used (may tick more than one): 100% oxygen Air EANx O2/He/N2 O2/He
 Not known

DESCRIPTION OF THE INCIDENT:

Please describe incident in detail. Include ANY factor which you believe may have contributed to, or minimised the incident. If more than one incident occurred please fill out a separate form. Use extra paper if necessary.

Do you think the incident was preventable? Yes No Undecided

Did the incident cause harm:

Yes No Not known

Specify :

Did the incident occur in training:

Yes No Not known

Specify :

Diver's qualification: (may circle >1)

Diving student DS	Open waterOW
Advanced diver.....AD	DivemasterDM
Dive instructor DI	Untrained UT
Professional PD	Technical diver....TD
Not known NK	CDA .. Cavern CA
Other.....	.. Sinkhole SI
	..Cave CV
	.. Penetrat. PN

Does the diver take any medication:

Yes No Not known

Specify:

Contributing factors (Tick as many as you like):

<input type="checkbox"/> Inadequate knowledge	<input type="checkbox"/> Poor physical fitness
<input type="checkbox"/> Unfamiliar diving environment/conditions	<input type="checkbox"/> Feeling unwell
<input type="checkbox"/> Unfamiliar diving equipment	<input type="checkbox"/> Error in judgement
<input type="checkbox"/> Inexperience in diving	<input type="checkbox"/> Poor communication
<input type="checkbox"/> Poor dive planning	<input type="checkbox"/> Malfunction of equipment
<input type="checkbox"/> Insufficient training in diving	<input type="checkbox"/> Failure to understand equipment
<input type="checkbox"/> Failure to check	<input type="checkbox"/> Lack of servicing of equipment
<input type="checkbox"/> Lack of a buddy check	<input type="checkbox"/> Poor servicing of equipment
<input type="checkbox"/> Haste	<input type="checkbox"/> Lack of post dive equipment maintenance
<input type="checkbox"/> Inattention	<input type="checkbox"/> Inadequate supervision of diver
<input type="checkbox"/> Fatigue	<input type="checkbox"/> Sea sickness
<input type="checkbox"/> Anxiety	<input type="checkbox"/> Poor technique
<input type="checkbox"/> Recent illness	<input type="checkbox"/> Recreational drug/alcohol/hangover pre dive

Did the incident involve any of the following (you may circle more than one):

Low air situation	LA	Problem at deco stop	DE
Out of air situation	OA	Poor buddy pairing	BP
Rapid ascent	RA	Poor buddy response	BR
Unable to slow rapid ascent ...	US	Loss buddy contact	BC
Out of air ascent	OR	Marine animal	MA
Buddy breathing	BB	Equalisation problem descent ...	ED
Octopus breathing	OB	Equalisation problem ascent ...	EA
Pony bottle breathing	PB	Equipment	EP
Multiple ascents	AA	Poor visibility/silting	PV
Buoyancy problem	BP	Strong current	SC
Problem on ascent	PA	Flying <24hrs after diving	FL
Problem at safety stop	SS	Altitude >300ms after diving ..	AL
Deco stop missed	DS	Panic	PC
Not detected by buddy check ...	ND	Anchor retrieval	AR
Nausea, vomiting U/W	NV	Entanglement/trapped/guideline..	ET

First aid:

<input type="checkbox"/> No O ₂ available / limited O ₂ supply	<input type="checkbox"/> Lack of trained 1 st aid assistance
<input type="checkbox"/> O ₂ ran out	<input type="checkbox"/> Lack of first aid supplies
<input type="checkbox"/> O ₂ used inappropriately	<input type="checkbox"/> Poor first aid

Gas supply

Gas supply in use during dive: Air Nitrox Mixed gas O₂ No/poor analysis pre dive
 Confusion gas mix during dive **Air consumption greater than usual this dive:** Yes No

Equipment involved in the incident (tick as many as applicable):

<input type="checkbox"/> Hired	<input type="checkbox"/> Borrowed	<input type="checkbox"/> New	<input type="checkbox"/> Misuse	<input type="checkbox"/> Essential equipment lacking	<input type="checkbox"/> Equipment forgotten
<input type="checkbox"/> Torch	<input type="checkbox"/> Mask	<input type="checkbox"/> Depth gauge	<input type="checkbox"/> Mouthpiece		
<input type="checkbox"/> Surface signal device	<input type="checkbox"/> BCD	<input type="checkbox"/> Dive computer	<input type="checkbox"/> Scooter		
<input type="checkbox"/> Dive Flag	<input type="checkbox"/> Fins	<input type="checkbox"/> Regulator	<input type="checkbox"/> Reel or line		
<input type="checkbox"/> Alternative air supply	<input type="checkbox"/> Snorkel	<input type="checkbox"/> Watch/Timer	<input type="checkbox"/> Shot/safety line		
<input type="checkbox"/> Weight belt	<input type="checkbox"/> Wet suit	<input type="checkbox"/> Camera/trophy bag	<input type="checkbox"/> Gloves		
<input type="checkbox"/> Weights	<input type="checkbox"/> Dry suit	<input type="checkbox"/> Rebreather	<input type="checkbox"/> Climbing equipment		
<input type="checkbox"/> Ankle weights	<input type="checkbox"/> Lyrca suit	<input type="checkbox"/> Exit ladder	<input type="checkbox"/> Other		
<input type="checkbox"/> Tank/cylinder	<input type="checkbox"/> Knife	<input type="checkbox"/> Boat	Specify _____		
<input type="checkbox"/> Compressor/ Hookah	<input type="checkbox"/> Contents gauge	<input type="checkbox"/> Surface buoy			

Regulator and Gas Supply (tick as many as applicable):

<input type="checkbox"/> Low to out of air <input type="checkbox"/> Contents not analysed prior to dive or incorrectly <input type="checkbox"/> Air not turned on <input type="checkbox"/> Air not turned on fully <input type="checkbox"/> Air turned on then off prior to dive <input type="checkbox"/> Air supply turned off inappropriately <input type="checkbox"/> Didn't check contents gauge regularly	<input type="checkbox"/> Inaccurate contents gauge <input type="checkbox"/> Unable to read contents gauge <input type="checkbox"/> Contents gauge hose rupture/leak <input type="checkbox"/> Hose rupture/leak <input type="checkbox"/> Pillar valve problem <input type="checkbox"/> 1 st stage malfunction <input type="checkbox"/> 2 nd stage malfunction	<input type="checkbox"/> Free flowing 2 nd stage <input type="checkbox"/> Octopus 2 nd stage problem <input type="checkbox"/> 'O' ring problem <input type="checkbox"/> Regulator breathing resistance increased <input type="checkbox"/> Unable to purge 2 nd stage <input type="checkbox"/> Pony bottle problem <input type="checkbox"/> 'Octopus' reg snagged	<input type="checkbox"/> Unable to locate alternative air supply <input type="checkbox"/> Air used frequently to maintain buoyancy <input type="checkbox"/> Tape on pillar valve <input type="checkbox"/> 1 st stage attached incorrectly <input type="checkbox"/> Separation regulator parts <input type="checkbox"/> Swivel problem
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Miscellaneous Equipment (Tick as many as applicable):

Weights and weight belts: <input type="checkbox"/> Overweight <input type="checkbox"/> Underweight <input type="checkbox"/> Unable to release <input type="checkbox"/> Didn't know how to release <input type="checkbox"/> Quick release jammed <input type="checkbox"/> Tongue overlap stopped release <input type="checkbox"/> Snagged during release <input type="checkbox"/> Weight belt /weights dropped <input type="checkbox"/> Snagged causing release <input type="checkbox"/> BCD integrated weight problem Wet / dry suit: <input type="checkbox"/> Uncomfortable <input type="checkbox"/> Tight - restricted breathing <input type="checkbox"/> Changed buoyancy	Buoyancy Jacket (BCD): <input type="checkbox"/> Unfamiliar with its use <input type="checkbox"/> Spontaneously inflated <input type="checkbox"/> Inflation device failed <input type="checkbox"/> Inflator hose leaked <input type="checkbox"/> Inflation device not connected <input type="checkbox"/> Incorrect inflator hose <input type="checkbox"/> Didn't know how to inflate BCD <input type="checkbox"/> Didn't know how to deflate vest <input type="checkbox"/> Inflator/octopus combination problem <input type="checkbox"/> Dump valve malfunction <input type="checkbox"/> Uncomfortable	<input type="checkbox"/> Inflated restricted breathing <input type="checkbox"/> Unable to deflate <input type="checkbox"/> BCD air cylinder problem <input type="checkbox"/> Unable to inflate <input type="checkbox"/> Unable to inflate due to low air <input type="checkbox"/> Provided inadequate buoyancy <input type="checkbox"/> Confusion deflate/inflate buttons <input type="checkbox"/> Buddy couldn't deflate vest <input type="checkbox"/> Buddy couldn't inflate vest <input type="checkbox"/> Leaked <input type="checkbox"/> Incorrect size <input type="checkbox"/> Other Specify :
Mask <input type="checkbox"/> Flooding/dislodged caused panic <input type="checkbox"/> Flooding/dislodged no panic <input type="checkbox"/> Strap broke <input type="checkbox"/> Unable to clear <input type="checkbox"/> Clearing caused panic Dive tables <input type="checkbox"/> Not used <input type="checkbox"/> Misread <input type="checkbox"/> Unable to understand	Dive computer <input type="checkbox"/> Not used <input type="checkbox"/> Inaccurate <input type="checkbox"/> Stopped working <input type="checkbox"/> Forgot to activate it <input type="checkbox"/> Unable to read/layout confusing <input type="checkbox"/> Battery problems Fins <input type="checkbox"/> Strap broke <input type="checkbox"/> Lost <input type="checkbox"/> Caused cramp <input type="checkbox"/> Incorrect size	Depth gauge <input type="checkbox"/> Not used <input type="checkbox"/> Inaccurate <input type="checkbox"/> Unable to read <input type="checkbox"/> Max ^m depth indicator problem <input type="checkbox"/> Confusion units used Tank/cylinder <input type="checkbox"/> Out of test <input type="checkbox"/> Faulty <input type="checkbox"/> Changed buoyancy <input type="checkbox"/> Not secured in backpack <input type="checkbox"/> Size change between dives

Tank configuration in use:

Single tank <input type="checkbox"/> Yes Configuration not known <input type="checkbox"/>	Twin tanks <input type="checkbox"/> Independent back mounted <input type="checkbox"/> Independent side mounted <input type="checkbox"/> Manifoldded (<input type="checkbox"/> isolator problem) <input type="checkbox"/> Not known	Sling Tanks or Stages <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known <input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Not known Configuration and contents if known:
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