University of Hawai'i
Diving Safety Program

APPLICATION FOR SCIENTIFIC DIVING THESIS OR PROJECT PROPOSAL APPROVAL

Applicant Name: _____ Application Date: _____

Project Start Date: _____ Duration: _____

Principal Investigator: _____ PI Title: _____

UH Department of Record: _____

Address: _____

Email: _____ Phone: _____

Project Level: ☐ Undergraduate ☐ Masters ☐ Ph.D.

Project Type: ☐ Project ☐ Internship ☐ Thesis

Project Title:

Other Authors or Principal Investigators:

Name: _____

Department: _____ Home Institution: _____

Email: _____ Phone: _____

Name: _____

Department: _____ Home Institution: _____

Email: _____ Phone: _____

Name: _____

Department: _____ Home Institution: _____

Email: _____ Phone: _____

Name: _____

Department: _____ Home Institution: _____

Email: _____ Phone: _____

Name: _____

Department: _____ Home Institution: _____

Email: _____ Phone: _____

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DESCRIPTION OF PROPOSED DIVING OPERATIONS

Diving Supervisor: _____

Dive Location(s): _____

Dive Environment(s): _____

Dive Platform(s): _____

Diving Mode (Open-Circuit, Rebreather, Surface Supplied, etc.): _____

Breathing Gas (Air, Nitrox, Mixed Gas): _____ Required Decompression Stops? _____

Maximum Planned Depth: _____ Dives per Day: _____ Daily Bottom Time (min): _____

Type and Source of Vessels (if known): _____

(NOTE: Chartered or contracted vessels may require approval from UH Marine Center.)

Specialized Equipment, Hazards or Safety Considerations for Proposed Operations:

Will diving be conducted as joint operations with other agencies institutions? Yes No

If Yes, List: _____

Lead Agency: _____

(If UH is not Lead Agency approval will require confirmation from Lead Agency's Diving Safety Officer)

Brief Description of Activity:

Are all planned proposed diving activities of a light-duty nature, generally requiring no more than simple hand tools and equipment? ☐ YES ☐ NO*

Are the objectives of the diving to make scientific observations and collect data? ☐ YES ☐ NO*

Do all proposed diving activities require the specialized scientific expertise of the diver to meet the sole objective of the dive? ☐ YES ☐ NO*

Will the information (i.e., data) generated from this project be proprietary in any manner that would prohibit its dissemination for the advancement of scientific knowledge? ☐ YES* ☐ NO

* Explain:

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EXPECTED DIVE TEAM MEMBERS

Name: _____
Department: _____ Home Institution: _____
Email: _____ Phone: _____
Name: _____
Department: _____ Home Institution: _____
Email: _____ Phone: _____
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University of Hawai'i
Diving Safety Program
Environmental Health & Safety Office
2040 East West Rd. Honolulu HI 96822

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APPLICANT'S STATEMENT OF UNDERSTANDING

I understand and agree that, should this proposal be funded and approved (initial and sign):

____ This document covers proposal application only. A separate dive plan approval is required prior to the start of diving operations. A separate approved plan will be required for each significantly different diving operation within the project, and plans must be renewed every 6 months to remain in effect.

____ Diving operations for this project which involve UH personnel (faculty, staff, students, or volunteers), or UH-owned or UH-leased facilities, equipment, or supplies, must comply with requirements specified in the University of Hawai'i Diving Safety Manual.

____ All divers participating on this project will be required to be authorized according to requirements contained in the UH Diving Safety Manual. Among other requirements, a current diving medical examination, diver qualification examinations, and emergency response training are required.

____ If joint operations with divers from other institutions or outside UH are planned, control of operations involving UH as specified above can only be transferred from UH by agreement of the UH Diving Control Board. For the DCB to do so, the other institution(s) must have an organized scientific diving programs which, at a minimum meets the U.S. (OSHA) and Hawai'i (HIOSH) requirements for the Scientific Diving Exemption from the Commercial Diving Regulations.

____ If other participating institutions do not have scientific diving programs, as described above, then collaborating divers from those institutions will be required to gain authorization as per requirements of the UH Diving Safety Manual.

____ The point of contact regarding UH Diving Safety Policy is the UH Diving Safety Officer.

Student Name: _____

Student Signature: _____ Date: _____

Academic Advisor Name: _____

Academic Advisor Signature: _____ Date: _____

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