

MOLE VALLEY SUB AQUA CLUB



RISK ASSESSMENT

DIVE MARSHALL.....

SITE.....

DATE.....

- Qualifications Checked
- Diving Officer's permission to dive
- Health Baseline completed
- Registration at site
- Dive Marshal briefed
- Telephone/radio
- Entry/Exit safe
- Weather at site _____
- In water visibility _____
- Water temperature _____
- Vehicle keys tagged and given to DM
- Equipment checked
- Pre dive briefing
- Buddy checks

	Divers Name	Date of Last Dive	Emergency Contact:	Contact No:	Health Baseline/ Medication
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

**RISKS TO BE
CONSIDERED:**

Risk		Risk Level 1-9	Action Required
1			
2			
3			
4			
5			
6			
7			
1 = Lowest Risk - 9 = Highest Risk			

CLUB KIT BORROWED

Name:	Equipment Type:	No:	Size:	IN	OUT
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Additional Information

**For advice on Diving Related Incidents phone:
 Royal Navy Doctor: 07831 151 523
 If in the South West: 01752 209999**

MVSAC INCIDENT PROCEDURE

TAKE CONTROL
 ASSESS THE SITUATION
 DELEGATE ACTION
 CONTACT THE EMERGENCY SERVICES
 RE-ASSESS THE SITUATION

At sea, all incidents: coastguard, VHF Channel 16
 Decompression illness: Pan Pan
 Lives in danger: Mayday

Give the following information:

Who you are Type of emergency Location

DECOMPRESSION ILLNESS
 Keep the casualty quiet
 Lie the casualty flat on his/her back
 Administer fluids
 Administer 100% oxygen

IF YOU ADMINISTER OXYGEN YOU MUST CONTACT THE DDRC

DDRC Emergency Contact Number: 01752 261910 or 01752 209999

DIVE DETAILS

Casualties full name.....

Ascent: Normal (Y/N) Rapid (Y/N) Missed stops mins

	CYL SIZE	MIX%	AIR IN	AIR OUT	TIME IN	DIVE DUR	BT	MAX DPT	STOPS	
INCIDENT DIVE									@	
PREVIOUS DIVE									@	
									@	

MEDICAL INFO POUCH (Y/N)

CASUALTY ASSESSMENT

NAME..... M F
AGE.....

DATE..... TIME OF
INCIDENT.....

TIME OF ONSET OF SYMPTOMS..... TIME OF
ASSESSMENT.....

LEVEL OF RESPONSE ALERT VOICE PAIN UNRESPONSIVE

IS THE CASUALTY ORIENTATED/ DAY PLACE PERSON

CHANGES IN PERSONALITY? Y/N? CHEST PAINS (Y/N?)

RESPIRATION: BREATHS/MIN..... CIRCULATION: PULSE
BEATS/MIN.....

VISION NORMAL TUNNEL BLURRED
DOUBLE

TINGLING/NUMBNESS HEAD/NECK L R TRUNK L R

ARMS L R LEGS L R

WEAKNESS ARMS L R LEGS L R

SMILE/SWALLOW SYMMETRIC ? Y/N?

HAND/EYE CO-ORDINATION: Y/N?

OXYGEN ADMINISTRATION TIMES STARTED..... ENDED.....

FLUIDS ADMINISTERED Y/N? AMOUNT
(ml).....

MONITOR THE CASUALTY

Is the casualty's condition improving/static/deteriorating/relapsing?
Note any changes and times of changes.

IMPORTANT: This sheet, plus dive computer and casualty's buddy should
accompany the casualty to medical facilities.