

Flinders University Diving Procedures Statement of Understanding

No diver may be listed as a diver on the Flinders University Diver Register until they have completed a copy of this form and received confirmation that they have been approved as a Flinders University diver by the University Diving Officer.

PLEASE READ THIS DOCUMENT CAREFULLY, AND ENSURE YOU HAVE MET ALL REQUIRED CRITERIA BEFORE SIGNING

I (please enter name in full) hereby declare that I have read in full the Flinders University Diving Procedures Manual and have a clear understanding of its scope and contents, as well as my responsibilities as a **Flinders University Diver / Dive Coordinator / Site Diving Officer** (delete whichever is not applicable) as outlined therein. I have undergone an induction process with the individual named below, which covered at least the following topics (please tick applicable boxes):

University Diver

- use and content of the Flinders University Diving Procedures Manual;
- responsibilities of Flinders University Divers;
- the University's risk assessment process;
- use of the short form DCIEM decompression tables; and
- use of University vehicles, vessels and equipment, including towing.

University Dive Coordinator

- field trip forms;
- requirements for Nominated Contacts;
- use of Flinders University Dive Plan, Dive Record and Post Dive Forms;
- Risk Assessment, emergency plans, and implementation of emergency protocols;
- the need for dive briefings and equipment checks each day, with all divers; and
- defective equipment tagging and reporting procedures.

I declare that I have a good working knowledge of the short form DCIEM air decompression tables, and I understand that these tables are to be used to govern **ALL** dives I undertake for the University, except where any mechanism suggests that a more conservative dive should be undertaken. The intent is to ensure the safety of all Flinders University Divers, and Diving operations.

I agree that at all times I will follow safe diving practices as outlined in the Flinders University Diving Procedures Manual, and will observe the directions given in the Manual and any other directions that may be given to me by the Flinders UDO, SDO or Dive Coordinator.

On my addition to the Flinders University Diver Register, I wish to be rated to dive using the following methods, and have submitted documentation to allow the UDO or SDO to determine my eligibility for this.

SNORKEL SCUBA (AIR) SCUBA (EANx) SSBA (LP) SSBA (HP) REBREATHER

Signed:	Name:	Date ___/___/___
Induction By: (signature)	Name:	Date ___/___/___
Witnessed By: (signature)	Name:	Date ___/___/___