

STANFORD UNIVERSITY DIVING CONTROL BOARD  
Hopkins Marine Station, Pacific Grove CA 93950  
(831) 655-6200; fax (831) 375-0793

**STANFORD UNIVERSITY SCIENTIFIC DIVING PLAN**

**Name:**

**Title of project:**

**Principal investigator (or sponsor if independent student research):**

**Department / lab:**

**Lead diver & affiliation:**

**Planned dive buddies (must be active scientific divers; please list affiliations):**

**Start date:**

**Anticipated completion date:**

**Brief description of planned diving activity:** please specify (on a separate sheet if necessary) the project location, the kinds of activities that will be carried out underwater, the diving environment (*e.g.* open coast, protected bay, freshwater lake, etc.), what kind of equipment you'll be using, types of boats, and the planned diving schedule including number, frequency, and depths of dives. If this information is included in a project/grant proposal please attach a copy of the relevant portion.

**Describe the diving accident management plan(s) at the proposed location(s):**

*If diving with another facility:*

**Host Facility:**

**DSO:**

**AAUS organizational member? yes / no**

**phone/fax/e-mail:**

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*Approvals for specified diving activity:*

DSO \_\_\_\_\_

Date \_\_\_\_\_