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

DIVING INJURY / INCIDENT REPORT

Required Incident Reporting: All diving incidents requiring recompression treatment, or resulting in moderate or serious injury, or death shall be reported the AAUS Statistics Committee. The report will specify the circumstances of the incident and the extent of any injuries or illnesses. This form is confidential and for statistics purposes only. The Diving Control Board must review and release this report before it is submitted to the AAUS Statistics Committee.

Check the appropriate space(s) & complete the form:

___ Simple Illness	___ Referred to Physician	___ Serious injury
___ Barotrauma	___ Hyperbaric Treatment	___ Near Drowning
___ Hyperoxic	___ Hypercapnea	___ Fatality
___ Other		

Workers' Compensation Claim Yes ___ No ___

Descriptive Report (use additional sheets if necessary)

Date of Incident: ___ / ___ / ___
Month Day Year

Circumstances and the extent of the injuries or illnesses:

Treatment provided and results:

Recommendations to avoid repetition of incident:

Name & Title of Person Submitting Report: _____

_____ _____ _____
Phone, fax, e-mail

_____ _____
Signature Date