

WCS DIVE/SNORKELING PLAN

DATE: TEAM LEADER: LOCATION: SITE NAME: BOAT CAPTAIN: NUMBER ONBOARD: APPROXIMATE TIME IN THE FIELD: SCUBA Or SNORKEL: DIVE MASTER: NUMBER OF DIVES: NUMBER OF TANKS NEEDED: MAX DEPTH: MAX BOTTOM TIME: TASK Divers Name Dive Level & Certification OAN Insurance Number or Other Divers Name Dive Level & Certification OAN Insurance Number or Other Divers Name Dive Level & Certification OAN Insurance Number or Other Divers Name Dive Level & Certification OAN Insurance Number or Other Diver SNAME OF DIVES: SUBSCIENT STATES			1		
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	Divers Name	Dive Level & Certif	fication	DAN Insurance Number or	
	Number			Other	
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Team Leader Signature:

All divers must use either tables or dive computers.

- All divers must recheck equipment before dive.
- Everyone including shore teams must be informed of dive plan
- This dive plan must be retained in Station Manager's office for record