

**UNB SCUBA DIVING SAFETY MANUAL**



**SCUBA DIVING  
SAFETY  
MANUAL**

Revised: 12 September 2006

## **UNB SCUBA DIVING SAFETY MANUAL**

It is the policy of the University of New Brunswick to promote safe Scientific Diving based upon the requirements laid down by the various regulatory bodies including but not limited to, The New Brunswick Occupational Health and Safety Regulation 91-191, CSA Standard CAN/CSA-Z275.2-92, Occupational Safety Code for Diving Operations and additional safety policies deemed to be necessary by the University.

The UNB Diving Safety Committee is responsible for communicating the standards for scientific diving to University researchers and graduate students. Scientific divers are responsible to ensure that they meet these standards in all diving conducted on behalf of UNB.

The purpose of this Manual is to provide a safety framework to cover all diving activities undertaken by the University of New Brunswick.

### **DISCLAIMER**

The University of New Brunswick and its Board of Governors or appointees shall not be liable for any injury (fatal or otherwise) loss or damage sustained either directly or indirectly through the use of this Diving Safety Manual including loss or damage resulting from negligence. Each diver shall engage in diving activity strictly voluntarily and shall assume all risks consequences and potential liability for his/her own actions.

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## DEFINITIONS

<b>BAIL OUT SYSTEM</b>	An independent breathing - gas supply carried by the diver, of sufficient quantity to return the diver to the surface, bell of emergency supply in the event of a malfunction of the primary gas supply.
<b>COMPETENT</b>	Capable because of knowledge, training and experience to carry out required duties.
<b>DIVER</b>	A Certified competent person who engages in diving activities.
<b>DIVING SAFETY COMMITTEE</b>	Committee consisting of the University's Diving Safety Officers, (1 from each Campus) Supervisors of Underwater Research, Director of Finance and Administrative Services, Captain of the University's Research Vessel.
<b>DIVE MASTER</b>	Captain of Mary "O" or Supervisor of an underwater dive operation or designate.
<b>DIVING SAFETY COMMITTEE</b>	A Committee of competent persons appointed by the University of New Brunswick to recommend procedures, policy and standards for diving operations and to act as a board of review.
<b>DIVING SAFETY OFFICER</b>	A competent person appointed by the Diving Safety Committee to supervise the underwater diving operation.
<b>DIVER'S TENDER / SURFACE SAFETY ATTENDANT</b>	A competent person at the dive site who tends a diver's life line and monitors the progress of the dive, monitors top side hazards.
<b>FULLY SUITED</b>	Fully equipped to dive and ready to enter the water with all life support and communications equipment tested and at hand. Not required to be wearing a face mask.
<b>LIFE LINE</b>	A safety rope used to tether a diver.
<b>SCUBA</b>	Self-contained underwater breathing apparatus with open-circuit compressed air.
<b>STAND BY DIVER</b>	A diver who is fully suited and who is trained and equipped to operate at the depths and circumstances in which a submerged diver is operating for the purpose of tendering assistance to the submerged diver in the event of an emergency.
<b>DIVER IN TRAINING</b>	A new diver (new to the University or new to diving)

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### GENERAL REQUIREMENTS

To qualify to dive under the auspices of the University of New Brunswick, a diver must comply with the following criteria:

- a) Must hold a valid SCUBA Diving Certificate from a recognized diver training agency. Diving Certificate is to be at a level appropriate to the level of diving proposed. *A copy of Certificate must be on file with UNBSJ Safety Office.*
- b) Successfully completed the Dan Oxygen Course.
- c) Successfully completed a recognized Standard First Aid/CPR course and hold a current certificate.
- d) Have passed the diver medical examination. (See *Form A*)  
Diver is to ensure the medical certification is re-newed every two years. Those divers over forty (40) years of age must complete a medical every year.  
A copy of medical examination is to be on file in the Safety Office.
- e) Be in the possession of a Medic Alert bracelet stating wearer is a SCUBA Diver.
- f) Be in possession of a UNB Diver Card issued by the UNBSJ Safety Office upon meeting above criteria.
- g) Must be able to provide evidence that regulator has been serviced within the last 12 months. This does not apply to rented regulators, although divers should ensure any rented equipment has been appropriately inspected and serviced.
- h) Be in the possession of a diver's log; provide a copy of his/her Dive Log to the UNBSJ Safety Office following each dive.
- i) Have on file with the Safety Office a copy of Dive Log of previous dives.
- j) Complete and have on file with the Safety & Security Office a "Remote Location Form" with all pertinent information prior to any dive activity.
- k) Diver's supervisor is to have on file a letter from the Safety Office stating all criteria have been met and the diver is permitted to begin diving schedule.
- l) Dive Master or Diving Safety Officer shall, if deemed necessary, request a diver to take a check-out dive. The decision of the Dive Master or Diving Safety Officer on whether a diver should proceed with a dive, shall stand.

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### REQUIREMENTS FOR OTHER DIVERS

*(Persons other than Faculty, Staff or Students of University of New Brunswick such as visiting scientists, media, camera persons.)*

The UNB Diving Safety Officer shall ensure any person diving in association with a University activity:

- a) has a valid SCUBA Certificate from a recognized diver's training agency. Diving certificate is to be at a level appropriate to the level of the diving proposed.
- b) never dive alone.
- c) recommended to have an octopus (secondary regulator).
- d) has a flotation device.
- e) be in possession of a diver's log. (Some persons are accustomed to warm water diving only.)
- f) be in possession of a Medic Alert bracelet stating wearer is a SCUBA diver.
- g) Dive Master or Diving Safety Officer may, if deemed necessary request, a diver to take a check-out dive. The Dive Master's or Diving Safety Officer's decision on whether a diver should proceed with a dive shall stand.
- h) Non UNB Divers have a signed waiver on file at least two days prior to planned dive (Form B)
- i) Have a Diving History Questionnaire Form C for Non-UNB Divers on file at least two days prior to the planned dive. Form B and C are to be accompanied by a copy of Diver's Logs.

### DIVING SAFETY OFFICER'S DUTIES

A Diving Safety Officer is appointed by the Diving Safety Committee and is responsible for:

- a) Approval of all diving operations conducted by the University of New Brunswick.
- b) maintain a copy of each diver's log, medical, DAN O<sub>2</sub> Certificate, FA/CPR Certificate any appropriate forms as required.
- c) restrict, prohibit or suspend any diver, diving operation as deemed appropriate on the advice of the Dive Master.
- d) make recommendations for amendments to diving policies and/or procedures as necessary. Table these recommendations annually with the Diving Safety Committee.
- e) maintain on file dates of intended dives.

***NOTE: Due to the small number of scientific divers on the Fredericton campus, each researcher shall take the responsibility for forwarding appropriate records to the UNBSJ Safety Office.***

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### **DIVING PROJECT INSTRUCTORS/ DIRECTORS/ SUPERVISORS RESPONSIBILITIES**

All directors of research, study projects or programs, instructors of courses, field trips, department heads and supervisors in charge of scientific research or educational undertaking, any of which involve diving, shall be responsible for ensuring that all persons engaged in diving are aware of and comply with this manual.

### **DIVE MASTER'S DUTIES**

A Dive Master is a competent person designated by the supervisor of the underwater dive operation and is responsible for:

- a) inspection and ensuring all diving equipment meets current regulations and maintenance records are documented and retained.
- b) assessing weather conditions, water currents and visibility both before and during a dive.
- c) deploys a diver down flag.
- d) moves the diving platform to be in close proximity to the dive site.
- e) request, if deemed necessary, a diver take a check-out dive. The Dive Master's decision on whether a dive should proceed with a dive shall stand.

### **DIVER'S TENDER SURFACE SAFETY ATTENDANT**

Not required to be a diver but shall be trained in CPR, First Aid and Oxygen Provider. Diver's Tender Surface Safety Attendant must have knowledge of diving equipment, system and procedures including knowledge regarding contacting emergency services and monitoring top side for hazards.

### **DIVING SAFETY COMMITTEE**

The Diving Safety Committee shall consist of the Captain of the University's Research Vessel, Director of Financial & Administrative Services, Chair or designate of Saint John and Fredericton Biology Departments, supervisors of underwater research, Safety Co-ordinator Fredericton and Manager Security & Safety Saint John. This Committee shall meet at least annually and shall recommend procedures, policy and standards for diving operations to the President of the University of New Brunswick.

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## MEDICAL EXAMINATION

First time divers involved in scientific diving must present to the University of New Brunswick a statement issued by a medical practitioner (*FORM A*) stating the diver has received a comprehensive medical examination during the preceding twelve months and has been found free of any defect that would prohibit the type of diving the diver is intending to undertake. (See *FORM A*) All divers shall undergo medial evaluation every two years. These statements shall be submitted to the Diving Safety Officer.

## RELEASE AND WAIVER

**ALL** *visiting persons* diving and tending under the auspices of the University of New Brunswick shall sign a release holding the University harmless from any claims which may arise in connection with any diving operation. (See *FORM B & FORM C*)

## GENERAL REGULATIONS

- a) While UNB recommends all dives be “buddy dives” consisting of two divers in the water who stay in visual contact and surface safety attendant ready to assist in case of an emergency, the minimum is - 1 Diver in water, 1 Diver tending a life-line, and 1 Competent person who acts as Dive Master.
- b) No SCUBA Diver Level 1 is permitted to dive deeper than 20m (65 ft) except in the case of an emergency for the purpose of saving a life.
- c) No SCUBA Diver Level 2 is permitted to dive deeper than 40m (131 ft) except in the case of an emergency for the purpose of saving a life.
- d) Standard Dan Oxygen Unit OR Dan Rescue Pack is to be on vessel.

A diver shall be equipped with the following equipment:

- a) an open-circuit demand apparatus with quick release harness, a reserve device or a bailout system.
- b) face mask.
- c) swimming fins.
- d) suitable knife.
- e) submersible pressure gauge.
- f) exposure suit or protective clothing appropriate for the conditions of work and the temperature of the water.
- g) a buoyancy compensator.
- h) underwater watch with elapsed time indicator.

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- I) device for summoning aid from the surface while submerged.
- j) two-way effective means of communication, between divers and the diving tenders on the surface (international hand signals and rope pulls; refer to NBOHSA Reg. 91-191 Section 329).

### **Life Lines**

If single diver in water a life line is required. It shall:

- a) be secured at the surface to a safe point of anchorage.
- b) be tended at all times by a diver's tender.
- c) be secured in a manner that will prevent loss of contact with the diver.
- d) be attached to the diver's safety harness which is complete with lifting ring and be of sufficient length, free of knots and splices.

### **Identification of Dive Site**

Flags and lights must be provided in navigable water in accordance with the requirements of the Canada Shipping Act, Small Vessel Regulations or the superseding authority.

Where diving operations are carried on during the hours of darkness, the Diving Safety Officer shall provide indicator devices such as rescue beacons or strobes for the diver's use.

## **SCUBA CYLINDERS**

Each SCUBA cylinder shall be:

- a) hydrostatically tested and certified at least every five (5) years.
- b) visually inspected internally and externally at least every year and labelled with a decal affixed to the cylinder stating the month and year of inspection by an appropriate agency in accordance with CGA C-6-1974 Standards for Visual Inspection of Steel Compressed Gas Cylinders.
- c) filled only with air meeting the minimum requirements of the CSA Standard CAN3-Z 180.1-M85 "Compressed Breathing Air and Systems".
- d) subjected to temperatures of 55°C.
- e) filled by individual/agency approved or certified to do so.

## **DIVER TRAINING**

**Diver must have received certification in SCUBA Diving from a recognized diver training agency and suitable to the level of diving planned.**

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### **Recognized Diver Training Agencies are:**

- 1) The Professional Association of Diving Instructors (PADI)
- 2) The National Association of Underwater Instructors (NAUI)
- 3) National Association of Skin Diving Schools (NASDS)
- 4) YM/YWCA
- 5) American Canadian Underwater Certification (ACUC)
- 6) Other agencies as approved by the Diving Safety Committee.

**Divers shall be informed of local diving conditions and of techniques for scientific or observational diving before proceeding to working dives. This information is to include but not be limited to potential hazards involved with diving from vessels, environmental hazards, underwater entrapment, hazardous currents, hazardous sea life, fishing net restrictions and the appropriate actions required when such hazards are encountered. The informant should be a competent diver with experience in the type of diving to be undertaken.**

**Divers must be able to safely and effectively use hand and line signals as well as wired or wireless modes of underwater communication.**

**A new diver shall be teamed with a more experienced diver and the new diver is to perform in an observational role for at least three dives. A new diver (new to the University or new to diving) may be required to have a checkout dive at the discretion of the Dive Master or Diving Safety Officer with a diver of their choice. A new inexperienced diver may dive to a maximum diving depth of (20 m) until Dive Master or Diving Safety Officer gives permission for deeper dives.**

**Each diver shall be certified in CPR by an approved agency and shall be trained in Standard Level First Aid, including treatment of hypothermia and drowning victims.**

**Each diver shall be certified in providing oxygen therapy to an injured diver.**

### **DIVER'S PERSONAL LOGBOOK**

**Each diver shall maintain and retain in his/her possession for a five (5) year period after its completion a personal logbook that records the following:**

- a) name and address of physician who has examined a diver and the date the examination took place.
- b) entries for medical examination shall be supported by a certificate (Appendix A) signed by the physician and on file in the UNBSJ Safety Office.
- c) all dive entries shall be copied to the UNBSJ Safety Office.

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**The logbook shall contain the following information for each dive:**

- a) diving mode.
- b) gas media breathed (if other than air).
- c) time under water.
- d) maximum depth attained.
- e) surface interval, if a repetitive dive was undertaken.
- f) dive table and schedule used.
- g) date.
- h) remarks.

### SNORKEL DIVING

#### **General**

Snorkel diving applies to diving operations in which divers utilize a snorkel for surface swimming or breath-hold diving.

Snorkel diving shall be accomplished in a free-swimming mode only.

Snorkel diving shall **NOT** be permitted where there is danger of entrapment.

Any diving below the surface shall be considered SCUBA diving.

### COMMUNICATION

#### **Buddy Divers**

Buddy Divers shall maintain effective two-way communication (usually international hand signals) with each other at all times while in the water and shall be in a position to render assistance in case of need.

#### **Sole Diver**

Sole Divers shall maintain effective two-way communication (usually by way of the life-line and international rope pull signals) at all times with a person on the surface who shall be able to render assistance in case of need.

#### **Diving Equipment**

Each Diver shall use that portion of the following equipment and any other equipment specified appropriate to the conditions:

- a) Face mask

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- b) Snorkel or breathing tube
- c) Swimming fins for the feet
- d) Suitable knife
- e) Exposure suit or protective clothing appropriate for the condition of work and the temperature of the water

### INCIDENT REPORT AND ACCIDENT REPORTS

The Diving Safety Officer shall notify all members of the Diving Safety Committee as soon as possible after the occurrence of any accident or incident involving the health and safety of UNB diver. In the absence of the Diving Safety Officer, the Dive Master must notify any member of the Diving Safety Committee. The Dive Master shall submit a UNB Accident Report Form to the Diving Safety Officer within 24 hours of the occurrence and the Diving Safety Committee shall meet within 48 hours of the occurrence.

### DIVING UNDER AUSPICES OF ANOTHER INSTITUTION

When Diving under the auspices of another institution a diver may become aware of conflicts in Regulations. The diver may choose not to dive or comply with the Regulations of the host. The requirements of UNB supersedes those of the host institution.

### FLYING AFTER DIVING

A period of 12 hours should elapse between diving and flying. The table below gives a practical guideline on the restrictions that should apply.

Depth of Dive (m)	Duration of Dive (Hours)	Interval between Diving and Flying (Hours)	Maximum Altitude (Unpressurized aircraft) or Max. Pressurization (M)
0 to 9	Up to 1 More Than 1	Up to 4	4,572
		Up to 4	1,524
		4 to 8	4,572
		More than 8	Unlimited
9 to 37	Any	Up to 4	524
		4 to 8	4,572
		More than 8	Unlimited

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### **SPECIALITY DIVES**

Such as Deep Diving, Cave Diving, Ice Diving, Night Diving - Diver must have appropriate Certification.

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## UNB POLICY

### Scientific Diving

Authorized by: E.Parr Johnston, President UNB

Reference Number: 7841  
Effective Date: November 2001

**INTENT:** To outline University policy on scientific diving (freshwater and marine).

**SCOPE:** All administrative heads of departments; directors of research, study projects or programs; instructors of field courses; and persons in charge or any other scientific or educational pursuit involving diving shall be responsible for ensuring that all persons engaged in diving are aware of and comply with this policy. This policy is not intended to address recreational diving, e.g., as with dive clubs.

### **POLICY:**

- c) It is the policy of University of New Brunswick to promote safe scientific diving based upon the requirements of the New Brunswick Occupational Health and Safety Regulations; the CSA Standard “Occupational Safety Code for Diving Operations”; and any subsequent legislation on diving.
- d) The UNB Diving Safety Committee reports to the University President and shall meet at least annually to review policy and procedures for diving operations. The Committee membership consists of the Assistant Vice-President of Financial & Administrative Services - Saint John; Manager of Security & Safety - Saint John; Captain of the University Research Vessel; Safety Coordinator - Fredericton; and supervisors of underwater research.
- e) The “UNB Diving Safety Manual” was developed by the Diving Safety Committee as a guide to the regulations and UNB policy on scientific diving.
- f) The University maintains standards for membership in the Canadian Association for Underwater Science (CAUS). The CAUS is a self-regulating body dedicated to safety in underwater research through establishment and continual peer review of standards of practice for scientific diving.
- g) All divers must be certified in SCUBA (Self-Contained Underwater Breathing Apparatus) diving by a recognized diver training agency, e.g., Professional Association of Diving Instructors (PADI); National Association of Underwater Instructors (NAUI); American Canadian Underwater Certification (ACUC) or others. Certification must be appropriate to the level of diving which is performed. All divers must successfully complete the Divers Alert Network (DAN) Oxygen Course.
- h) All divers must pass a comprehensive medical examination every two years (Form A in the Manual).
- i) In addition to meeting the requirements of paragraphs (e) and (f), all visiting divers shall sign a release form prior to diving (Form B in the Manual).
- j) The Diving Safety Officer is appointed by the Diving Safety Committee and is responsible for notifying the Committee as soon as possible after the occurrence of any incident or accident involving the health and safety of divers. A UNB Accident Report Form shall be completed within 24 hours of the occurrence.

*For copies of the UNB Diving Safety Manual, the N.B. OHS Regulations, or any other information regarding scientific diving, contact the Safety Office.*

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### **HYPERBARIC CHAMBER LOCATIONS**

#### **► Saint John Regional Hospital - Phone 648-6000**

The Saint John Regional Hospital has Doctors on Staff who have been trained to treat pressure - related illness. They will make the necessary arrangements to have Diver transported to the Hyperbaric Chamber located in Halifax if they determine such treatment is required.

### **ACKNOWLEDGEMENTS**

**Paul Reed**

**Work Place Health Safety and Compensation Commission of New Brunswick**

**Bob Bosein**

**Captain of University of New Brunswick “Mary O” Vessel**

**Steve Cummins**

**Supervisor Underwater Recovery Team**

**J. Division RCMP**

**Gene Hemsworth**

**PADI Canada**

**Gordon Chaisson**

**President - CAUS 1995**

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SCUBA DIVER MEDICAL EVALUATION FORM  
FORM A

PART A - DIVING MEDICAL HISTORY (To be Completed by Applicant Diver)

Name: \_\_\_\_\_

Sex: Male \_\_\_\_ Female \_\_\_\_ Age \_\_\_\_ Weight \_\_\_\_ Height \_\_\_\_

Sponsor: \_\_\_\_\_

(Department/Project/Program/School etc.)

Date: \_\_\_\_\_

**TO THE APPLICANT**

SCUBA diving contributes to considerable demands on your physical and emotional condition. Diving with particular defects amounts to accepting undue risk, not only for yourself, but also for anyone coming to your aid if you get into difficulty in the water. Therefore, it is prudent to meet certain medical and physical requirements before beginning a diving or training program.

Your answers to the questions are more important, in many instances, in determining your fitness than what the physician may see, hear, or feel when you are examined. Obviously, you should give accurate information or the medical screening procedure becomes useless.

This form shall be kept confidential to the UNBSJ Safety Office. If you believe any question(s) amounts to invasion of your privacy, you may elect to omit an answer, provided that you shall subsequently discuss that matter with your own physician; and he/she must then indicate, in writing, that you have done so and that no health hazard exists.

Should your answers indicate a condition(s) which might make diving hazardous, you will be asked to review the matter with your physician. In such instances, his/her written authorization will be required in order for further consideration to be given your application. If your physician concludes that diving would involve undue risk for you, remember that he/she is concerned only with your well-being and safety. Respect this advice and the intent of this medical history form.

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## FORM A

### PART A - DIVING MEDICAL HISTORY

1. Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you ever had epilepsy (seizures)?
2. Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you ever faint or have blackout spells?
3. Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you ever been addicted to drugs?
4. Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you have diabetes?
5. Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you suffer from motion sickness or sea/air sickness?
6. Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you prone to claustrophobia?
7. Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you ever had a nervous breakdown?
8. Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you pregnant?
9. Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you suffer from mental problems?
10. Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you get anxiety spells or hyperventilation?
11. Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you get frequent sour stomachs, nervous stomachs, or vomiting?
12. Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you ever had a major operation?
13. Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you presently being treated by a physician?
14. Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you taking medication regularly?
15. Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you ever been rejected or restricted from sports?
16. Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you have frequent and severe headaches?
17. Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you wear dental plates?
18. Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you wear glasses/contact lenses?
19. Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you have any bleeding disorders?
20. Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you ever had any problem with alcoholism?
21. Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you ever had any problems related to diving?

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22. Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you suffer from nervous tension or emotional problems?
23. Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you sometimes take tranquilizers?
24. Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you ever had perforated ear drums?
25. Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you have hay fever?
26. Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you have frequent sinus trouble, frequent drainage from the nose, post nasal drip, or stuffy nose?
27. Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you get frequent ear aches
28. Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you have drainage from the ears?

29. Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you have difficulty with your ears in air planes or mountains?
30. Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you had ear surgery?
31. Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you get ringing in your ears?
32. Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you get frequent dizzy spells?
33. Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you have any hearing problems?
34. Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you have trouble equalizing pressure in your ears?
35. Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you ever had asthma?
36. Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you ever had wheezing attacks?
37. Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you have a chronic or recurrent cough?
38. Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you frequently raise sputum?
39. Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you ever had pleurisy?
40. Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you ever had a collapsed lung?
41. Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you have lung cysts?
42. Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you ever had pneumonia?
43. Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you ever had tuberculosis?

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44. Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you get shorter of breath than most people?
45. Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you ever been told you have a lung problem or abnormality?
46. Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you ever spit blood?
47. Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you ever have breathing difficulty after eating particular foods or after exposure to particular pollens or animals?
48. Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you subject to bronchitis?
49. Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you ever had subcutaneous emphysema (air under the skin)?
50. Yes <input type="checkbox"/> No <input type="checkbox"/>	Have ever had air embolism after diving?
51. Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you ever had rheumatic fever?
52. Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you ever had scarlet fever?
53. Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you ever been told you have a heart murmur?
54. Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you ever been told you have an enlarged heart?
55. Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you ever had high blood pressure?
56. Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you ever had angina (heart pains or pressure in the chest)?
57. Yes <input type="checkbox"/> No <input type="checkbox"/>	Did you ever have a heart attack?
58. Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you ever have low blood pressure?
59. Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you have recurrent or persistent swelling of the legs?
60. Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you ever had pounding, rapid heart beat, or palpitations?
61. Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you ever had dizziness or fainting spells?
62. Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you get fatigued or short of breath easily?
63. Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you been told you have an abnormal EKG?
64. Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you suffer from joint problems, dislocations, or arthritis?
65. Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you ever had back trouble or back injuries?

**UNB SCUBA DIVING SAFETY MANUAL**

66. Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you had a ruptured or slipped disk?
67. Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you have any limiting physical handicaps?
68. Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you suffer from muscle cramps?
69. Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you have varicose veins?
70. Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you have any amputations?
71. Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you ever had a head injury causing unconsciousness?
72. Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you ever experienced any paralysis?
73. Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you ever had an adverse reaction to medication?
74. Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you smoke?
75. Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you ever had any other medical problems not listed? If, so please list or describe them in space provided below ↘
<b><i>PERSON TO BE CONTACTED IN CASE OF EMERGENCY</i></b>	
<hr/>	
<b>Name:</b>	<b>Phone:</b>
<b>Address:</b>	
<b>Relationship:</b>	
<b>Applicant's Signature:</b>	<b>Date:</b>

**UNB SCUBA DIVING SAFETY MANUAL**

**FORM A**

**PART B - MEDICAL EVALUATION OF FITNESS**

*(To be completed by the Physician)*

<i>Name of Applicant (print/type) below</i>	<i>Date: (Mo/Day/Yr)</i>

**TO THE PHYSICIAN:**

**This person is an applicant for training or is presently certified to engage in diving with self-contained underwater breathing apparatus (SCUBA). This is an activity which puts unusual stress on the individual in several ways. Your opinion of the applicant's medical fitness is requested. SCUBA diving requires heavy exertion. The diver must be free of cardiovascular and respiratory disease. An absolute requirement is the ability of the lungs, middle ear and sinuses to equalize pressure. Any condition that risks the loss of consciousness should disqualify the applicant.**

**RECOMMENDATION:**

\_\_\_ **APPROVAL:**

**I find no medical condition(s) which I consider incompatible with SCUBA diving.**

\_\_\_ **RESTRICTED ACTIVITY APPROVAL::**

**The applicant may dive in certain circumstance as described in *REMARKS***

\_\_\_ **FURTHER TESTING REQUIRED:**

**I have encountered a potential contra-indication to diving. Additional medical tests must be performed before a final assessment can be made. See *REMARKS***

\_\_\_ **REJECT:**

**This applicant has medical condition(s) which, in my opinion, clearly would constitute unacceptable hazards to health and safety in diving.**

<b><i>REMARKS</i></b>

**My familiarity with applicant is:**

\_\_\_ **With this exam only.**     \_\_\_ **Regular Physician for**     \_\_\_ **Years.**

<b><i>Other (describe)</i></b>



**UNB SCUBA DIVING SAFETY MANUAL  
FORM B**

**RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS AND  
INDEMNITY AGREEMENT FOR VISITING SCUBA DIVERS**

**WARNING: BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN  
RIGHTS, INCLUDING THE RIGHT TO PURSUE LEGAL ACTION.**

*PLEASE READ CAREFULLY!*

**TO: THE MEMBERS OF THE BOARD OF GOVERNORS OF THE UNIVERSITY  
OF NEW BRUNSWICK**

**NAME OF PARTICIPANT:** \_\_\_\_\_

**ADDRESS OF PARTICIPANT:** \_\_\_\_\_

**ASSUMPTION OF RISK**

I am aware that participating in SCUBA DIVING has many inherent risks, including but not limited to:

1. Any manner of injury of illness resulting from exposure to cold and wet weather or the effects of heat and sun light.
2. Any manner of injury resulting from use, misuse, non-use of failure of equipment.
3. Injury resulting from encounters with sea life, inclement weather, entanglement in fishing/aquaculture gear or other obstacles.

I freely accept and fully assume all such risks, dangers and hazards and the possibility of personal injury, death, property damage or loss resulting therefore.

**RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS AND  
INDEMNITY AGREEMENT FOR VISITING SCUBA DIVERS**

In consideration of approval to participate in SCUBA DIVING, I agree as follows:

1. **TO WAIVE ANY AND ALL CLAIMS** that I may have in the future against the Governors of the University of New Brunswick, the directors, officers, employees, students, agents and representatives (all of whom are hereinafter collectively referred to as “the Releasees”
2. **TO RELEASE THE RELEASEES** from any and all liability, for any loss, damage, injury or expense that I may suffer, or that my next of kin may suffer as a result of my participation in SCUBA DIVING due to any cause whatsoever **INCLUDING NEGLIGENCE, BREACH OF CONTRACT, BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE.** It is my responsibility to abide by the laws of the country and to ensure adequate medical, personal health, dental and accident coverage, as well as protection of my personal possessions. \_\_\_\_\_ (*Initial*)

**UNB SCUBA DIVING SAFETY MANUAL**

**FORM B (continued)**

- 3. TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES from any all liability for any damage to the property of, or personal injury to, and third party, resulting from my participation in the SCUBA DIVING trip; and**
- 4. This agreement shall be effective and binding upon my heirs, next to kin, executors, administrators, assigns and representatives in the event of my death or incapability.**

**In entering into this Agreement, I am not relying upon any oral or written representations or statements made by the Releasees other than what is set forth in this Agreement. I HAVE READ AND UNDERSTOOD THIS AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST THE RELEASEES.**

Signed this \_\_\_\_\_ Day of \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PARTICIPANT

\_\_\_\_\_  
SIGNATURE OF WITNESS

\_\_\_\_\_  
IF PARTICIPANT IS UNDER 18 YEARS OF AGE, SIGNATURE OF LEGAL GUARDIAN

\_\_\_\_\_  
RELATIONS TO MINOR

*This agreement must be completed in full, signed, dated, witnessed and paragraph 2 must be initialed before the participant may participate in SCUBA DIVING.*

**UNB SCUBA DIVING SAFETY MANUAL**

**FORM C**

**Diving History Questionnaire - For Non UNB Divers**

**ALL Divers will comply with the diving Regulations of the University of New Brunswick as stated in the UNB SCUBA Diving Safety Manual (April 2002 edition).**

<b>Name:</b>	<b>DOB:</b>
<b>Home Address:</b>	<b>Local Address:</b>
<b>Height:</b>	<b>Weight:</b>
<b>1. Name of Certifying Agency:</b>	
<b>Date Certified:</b>	
<b>Location Certification occurred:</b>	
<b>List advanced diving course, if any:</b>	
<b>2. a. Indicate diving experience in following:</b>	
<b>Pool _____ Hours</b>	<b>Number of Dives:</b>
<b>Lakes _____ Hours</b>	<b>Number of Dives:</b>
<b>Ocean or Salt Water _____ Hours</b>	<b>Number of Dives:</b>
<b>b. Do you keep a diving log?</b>	
<b>**Attach a copy of diving log with this form.</b>	

UNB SCUBA DIVING SAFETY MANUAL

FORM C (continued)

Diving History Questionnaire - For Non UNB Divers

<b>4. Date of last First Aid/CPR Courses:</b>	
<b>5. Oxygen Training:</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, please indicate agency name:	
Date of Certification:	
<b>Copies of the following Certificates must accompany this questionnaire:</b>	
✓Diving Certificate	
✓First Aid / CPR Certificate	
✓Oxygen Certificate (if applicable)	
<b><i>PERSON TO CONTACT IN CASE OF EMERGENCY</i></b>	
<hr/>	
<b>Name:</b>	<b>Phone:</b>
<b>Address:</b>	
<b>Relationship:</b>	
<b>Applicant's Signature:</b>	<b>Date:</b>
<b><i>Please Note</i></b>	
<b><i>If diver is paid as an employee of UNB the Universities's Workers Compensation and Liability Insurance would apply. If a diver/diving company's services are retained and a purchase order obtained - the University requires proof of Liability Insurance and Workers Compensation coverage.</i></b>	
<hr/>	
<b><i>I Certify all information provided is correct:</i></b>	
<b>Name:</b>	<b>Date:</b>