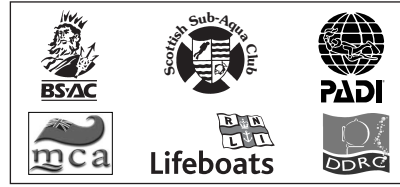


# Incident/Accident Report Form

Please return completed form to:

Sub Aqua Association

Space Solutions Business Centre, Sefton Lane, Maghull, Liverpool, L31 8BX



## Details of Incident

Date \_\_\_\_\_ Time \_\_\_\_\_

Location:  UK  Overseas  On Boat  
 Sea  Lake/Quarry  River/Canal  Swimming Pool  On Land

Place \_\_\_\_\_ Country (If not UK) \_\_\_\_\_

Organisation of Dive:  Private  Club  Holiday  Commercial

## Dive details when incident occurred:

Maximum depth of dive \_\_\_\_\_ Decompression conducted: Depth(s) \_\_\_\_\_

Depth at which incident started \_\_\_\_\_ Time(s) \_\_\_\_\_

Dive duration \_\_\_\_\_ Surface interval since previous dive (if applicable) \_\_\_\_\_

Weather \_\_\_\_\_ Sea/water conditions \_\_\_\_\_

Surface visibility \_\_\_\_\_ Underwater visibility \_\_\_\_\_

## Details of previous related dives:

Date \_\_\_\_\_ Time of surfacing \_\_\_\_\_

Depth \_\_\_\_\_ Duration \_\_\_\_\_

Decompression Conducted:

Depth(s) \_\_\_\_\_

Time(s) \_\_\_\_\_

Surface interval since previous dive (if applicable) \_\_\_\_\_

Date \_\_\_\_\_ Time of surfacing \_\_\_\_\_

Depth \_\_\_\_\_ Duration \_\_\_\_\_

Decompression Conducted:

Depth(s) \_\_\_\_\_

Time(s) \_\_\_\_\_

Surface interval since previous dive (if applicable) \_\_\_\_\_

## Type of Incident and factors involved. Please mark all relevant boxes.

- 01 Fatality
- 02 Embolism
- 03 Decompression illness
- 04 Unconsciousness
- 05 Injury
- 06 Illness
- 07 Narcosis
- 08 Oxygen Poisoning
- 09 Ear problems/damage
- 10 Hypothermia
- 11 Breathlessness
- 12 Panic
- 13 Cramp
- 14 Resuscitation involved
- 15 1st aid oxygen used
- 16 Nitrox
- 17 Trimix
- 18 Rebreather
- 19 Aborted dive
- 20 Ascent using Alternative Air Source
- 21 Buoyant ascent
- 22 Free ascent (without air supply)
- 23 Controlled Buoyant Lift
- 24 Rapid ascent
- 25 Diver too buoyant
- 26 Diver too heavy in water
- 27 Out of air
- 28 Foul air
- 29 Incorrect Gas Mixture

- 30 Rough water
- 31 Cold water
- 32 Water current
- 33 Low underwater viz
- 34 Low surface viz
- 35 Bad seamanship
- 36 Good seamanship
- 37 Carelessness
- 38 Ignorance
- 39 Disregard of rules
- 40 Malice
- 41 Inadequate pre-dive check
- 42 Inadequate training
- 43 Entangled/trapped
- 44 Fire/explosion
- 45 False alarm
- 46 Good practice
- 47 Solo diving
- 48 Trio diving
- 49 Separation
- 50 Lost diver(s)
- 51 Drift diving
- 52 Training drill
- 53 Diving at altitude (above 250m)
- 54 Divers underwater
- 55 Divers on the surface

- 56 Wreck dive
- 57 Cave dive
- 58 Night dive
- 59 Snorkel dive
- 60 Boat dive
- 61 Shore dive

## Emergency Services Involved

- 62 Coastguard
- 63 Lifeboat
- 64 Helicopter
- 65 Ambulance
- 66 Hospital
- 67 Police
- 68 Fire Brigade
- 69 Recompression

## Decompression Incidents

- 70 Dive within tables
- 71 Inaccurate use of tables
- 72 Dive using BSAC 88 tables
- 73 Dive using other tables  
specify: \_\_\_\_\_
- 74 Dive using computer\*
- 75 Dive within computer limits
- 76 Missed decompression stops
- 77 Re-entry decompression
- 78 Repeat diving

\*Please provide computer details on page 3

Details of individuals involved	Person A	Person B	Person C	Person D
Surname _____				
First name _____				
Gender (M)ale (F)emale _____				
Age _____				
Any known relevant prior medical condition _____				
Diving affiliation (please specify e.g. BSAC, SAA, PADI)				
Branch/Club name _____				
Branch/Club number _____				
Membership number _____				
Gas mixture being used: Air _____				
Indicate 'D' if used for the (D)ive, or 'S' if only for decompression (S)tops.	Nitrox 32 (32% O <sub>2</sub> ) _____			
	Nitrox 36 (36% O <sub>2</sub> ) _____			
	Nitrox 50 (50% O <sub>2</sub> ) _____			
	Other (please specify) _____			
Diving grade _____				
Instructor grade _____				
Number of dives since 1st Jan. this year* _____				
Total number of dives completed* _____				
Year when started diving _____				

\* Number of dives at date of incident. Please provide an estimate if the exact number is not known.

Details of any equipment IMPLICATED in the cause of the incident  
Please only indicate items which CONTRIBUTED to the incident/accident.

Diving equipment

- |                          |                    |                          |                       |                          |                                |
|--------------------------|--------------------|--------------------------|-----------------------|--------------------------|--------------------------------|
| <input type="checkbox"/> | 79 Cylinder        | <input type="checkbox"/> | 92 Weights/weightbelt | <input type="checkbox"/> | 102 SMB                        |
| <input type="checkbox"/> | 80 Regulator       | <input type="checkbox"/> | 93 Ankle weights      | <input type="checkbox"/> | 103 Delayed SMB                |
| <input type="checkbox"/> | 81 Pressure gauge  | <input type="checkbox"/> | 94 Face mask          | <input type="checkbox"/> | 104 SMB reel                   |
| <input type="checkbox"/> | 82 Hose            | <input type="checkbox"/> | 95 Full face mask     | <input type="checkbox"/> | 105 Lifting bag                |
| <input type="checkbox"/> | 83 BC              | <input type="checkbox"/> | 96 Snorkel            | <input type="checkbox"/> | 106 Rope                       |
| <input type="checkbox"/> | 84 ABLJ            | <input type="checkbox"/> | 97 Fins               | <input type="checkbox"/> | 107 Torch                      |
| <input type="checkbox"/> | 85 Drysuit         | <input type="checkbox"/> | 98 Knife              | <input type="checkbox"/> | 108 Camera                     |
| <input type="checkbox"/> | 86 Undersuit       | <input type="checkbox"/> | 99 Watch              | <input type="checkbox"/> | 109 Tools                      |
| <input type="checkbox"/> | 87 Wetsuit         | <input type="checkbox"/> | 100 Compass           | <input type="checkbox"/> | 110 Other - Please state _____ |
| <input type="checkbox"/> | 88 Dump valve      | <input type="checkbox"/> | 101 Dive computer     |                          |                                |
| <input type="checkbox"/> | 89 Inflation valve |                          |                       |                          |                                |
| <input type="checkbox"/> | 90 Hood            |                          |                       |                          |                                |
| <input type="checkbox"/> | 91 Gloves          |                          |                       |                          |                                |

Boat and boating equipment

- |                          |                                |
|--------------------------|--------------------------------|
| <input type="checkbox"/> | 111 Engine failure/malfunction |
| <input type="checkbox"/> | 112 Out of fuel                |
| <input type="checkbox"/> | 113 Incorrect or dirty fuel    |
| <input type="checkbox"/> | 114 Boat malfunction           |
| <input type="checkbox"/> | 115 Boat swamping              |
| <input type="checkbox"/> | 116 Boat capsize               |
| <input type="checkbox"/> | 117 VHF radio failure          |
| <input type="checkbox"/> | 118 Propellor                  |
| <input type="checkbox"/> | 119 Other - please state _____ |

Equipment details

If equipment failure/malfunction/design was IMPLICATED in this incident please provide details

Item \_\_\_\_\_

Make \_\_\_\_\_

Model \_\_\_\_\_

Serial number \_\_\_\_\_

Approximate age \_\_\_\_\_

