

INCIDENT/ACCIDENT REPORT FORM 305

Email: incidents@diving.ie

Irish Underwater Council, 78A Patrick Street, Dun Laoghaire, Co Dublin, A96 HY45



DETAILS OF INCIDENT/ACCIDENT

Date	Time	Place	Country (if not IRELAND)
Location	Ireland	Overseas	
	Sea	Lake/Quarry	River/Canal
			Swimming Pool
Organisation of Dive:	Private	Club	History
			Commercial

DIVE DETAILS WHEN INCIDENT OCCURED:

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	Date	Time of surfacing
Depth	Duration	Depth	Duration
Decompression Conducted:		Decompression Conducted:	
Depth(s)		Depth(s)	
Time(s)		Time(s)	
Surface interval since previous dive (if applicable)		Surface interval since previous dive (if applicable)	

TYPE OF INCIDENT AND FACTORS INVOLVED. PLEASE MARK ALL RELEVANT BOXES.

- 1 Fatality
- 2 Embolism
- 3 Decompression illness
- 4 Unconsciousness
- 5 Injury
- 6 Illness
- 7 Narcosis
- 8 Oxygen Poisoning
- 9 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 Rough water
- 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 Boat dive

Emergency Services Involved

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

Decompression Incidents

- 70 Dive within tables
- 71 Inaccurate use of tables
- 72 Dive using CFT 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 training agency eg CFT ,PADI,BSAC etc)				
Club name				
Club region				
CFT membership number				
Gas mixture being used: Air				
<div style="border: 1px solid black; padding: 5px; width: fit-content;"> Indicate 'D' if used for the (D)ive, or 'S' if only for decompression (S)tops. </div>	Nitrox 32 (32% O2)			
	Nitrox 36 (36% O2)			
	Nitrox 50 (50% O2)			
Other (please specify)				
Diving grade / CMAS grade				
Instructor Grade/CMAS 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

Please provide a written description of the events of this incident. Use additional pages if necessary.

Please submit reports by diver's partners, DOD and any other witnesses together with a summary of the incident leading to the accident. Copies of statements given to the Garda or other authorities should also be included. Please enclose any press cuttings, inquest report, etc.

Report Submitted by

Name

Address

Date

Contact Email :

Email to incidents@diving.ie