University of the West Indies
Discovery Bay Marine Laboratory
DIVE BOOKING FORM

(to be completed by **Dive Leader** and submitted
at least 48hrs. before planned dive (s))

(ONLY COMPLETE SECTIONS IN GREY HIGHLIGHT)

Date of Dive (s): **complete a separate form for each day*
Time of Departure:
Time of Return:
Purpose:

If you require assistance with this form please call Oneil Holder (876-401-3922) or Camilo Trench (876-418-5000)

DIVERS (List Dive Leader First)

#	Name	Cert. Org.	Level
1			
2			
3			
4			
5			
6			
7			
8			

Use an additional form to add more divers (if needed)

List all Safety and Emergency Equipment

(ONLY COMPLETE SECTIONS IN GREY HIGHLIGHT)

DIVE PLAN: **Dive Tables being used (PADI, BSAC, computer,etc):**

	SI	Dive Site	SI	Dive Site
		PG HR MIN	PG	PG
Dive 1	fsw	**Dive 2** SS	fsw	**Dive 3** SS
		BT		BT

# of Tanks needed: **RNT+ABT=** **RNT+ABT=** TBT

Send form electronically to: camilo.trench@uwimona.edu.jm

(Do not write below)

Dive Plan OK? **Dive Leader OK?**

Approval: **Auth. #:**

Date

Notes:

KEY: PG: Pressure Group
fsw: depth (feet of seawater)
BT: Bottom time
SS: safety stop
SI: surface interval
RNT: Residual Nitrogen Time
ABT: Actual Bottom Time
TBT: Total Bottom Time