

## UCSC/AAUS Diving Injury/Incident Report Form

Required Incident Reporting: All diving incidents requiring recompression treatment, or resulting in moderate or serious injury or death shall be reported the AAUS Statistics Committee. The report will specify the circumstances of the incident and the extent of any injuries or illnesses. This form is confidential and for statistics purposes only. The UCSC Diving Control Board must review and release this report before it is submitted to the AAUS Statistics Committee

Check all appropriate spaces & complete the form on the backside of this page:

<b>Diving Classification:</b>	<b>Decompression Profile Method:</b>		
Scientific	Dive Tables		
Training / Proficiency	Dive Computer		
	PC Computer Deco Software		
<b>Diving Mode:</b>			
Open Circuit SCUBA	<b>Incident Classification:</b>		
Surface Supplied	Hyperbaric		
Hookah	Simple Barotrauma		
Rebreather	Near Drowning		
	Hyperoxia		
<b>Breathing Gas(s):</b>	Hypoxia		
Air	Hypercapnea		
Nitrox (% gases)	Fatality		
Mixed Gas (% gases)	Other		
<b>Referred to Physician:</b>	<b>Depth Range (ft):</b>		
Yes	0-30	61-130	191-200
No	31-60	131-150	
	61-100	151-190	
<b>Hyperbaric Treatment:</b>			
Yes                  No	<b>Did this incident involve a workers compensation claim?</b>		
(If Yes, complete & submit DAN form)	Yes	No	

Organizational Member Name: \_\_\_\_\_

Name & Title of Person Submitting Report: \_\_\_\_\_

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

Mailing Address \_\_\_\_\_

Telephone/FAX \_\_\_\_\_

Email \_\_\_\_\_

**PLEASE COMPLETE THE DESCRIPTIVE REPORT ON THE BACK OF THIS SHEET**

**(use additional sheets as needed)**

## UCSC/AAUS Diving Injury/Incident Report Form

Descriptive Report (use additional sheets if necessary)      Date of Incident: \_\_\_\_\_

Describe the circumstances and the extent of the injuries or illnesses:

Treatment provided and results:

Recommendations to avoid repetition of this incident: