Safe Practices Manual Review Checklist

PROJECT NAME		**Submittal #**	
Contract No.		**Submittal Date**	
Dive Contractor Name			
Dive Contractor Address			
Dive Contractor Phone #			
Prime Contractor Name			
Prime Contractor Address			
Prime Contractor Phone #			

USACE Reviewer		**Review Date**	

If the checklist is not filled in completely by the Contractor USACE may reject the Contractor's dive package submittal and/or the review process may be delayed.

Safe Practices Manual - Minimum Requirements:

Item #	EM 385-1-1 Section 30-7.b	DESCRIPTON	Page #	USACE Review
1	**1**	**Dive safety procedures and checklists**		
2	**2**	**Assignments and responsibilities of dive team members**		
3	**3**	**Equipment Certifications, procedures, and inspection checklists**		
4	**4**	**Emergency procedures for fire, equipment failure, adverse weather conditions, and medical illness or injury specific for the following**		
5	4(a)	**(1) Entrapped or fouled diver including umbilical (suction and entanglement /debris)**		
6	4(b)	**(2) Actions upon loss of vital support equipment**		
7	4(c)	**(3) Actions upon loss of gas supply**		
8	4(d)	**(4) Action upon loss of communication**		
9	4(e)	**(5) Lost diver plan**		
10	4(f)	**(6) Injured diver plan**		
11	4(g)	**(7) Actions upon discovery of fire**		
12	4(h)	**(8) Diver blow up/over rapid ascent to surface**		
13	4(i)	**(9) Diver loss of consciousness**		
14	4(j)	**(10) Injury/illness of member of the surface crew with diver in the water**		
15	**5.**	**Procedures for internal safety inspections (frequency, checklists, etc.)**		
16	**6**	**A complete copy of OSHA, 29 CFR 1910, Subpart T, and a statement of employer's policy for ensuring compliance with the standard**		
17	**7.**	**Appropriate U.S. Navy Tables, minimum includes**		
18	7(a)	**(1) No Decompression Limits and Repetitive Group Designation for No-Decompression Air Dives**		
19	7(b)	**(2) Residual Nitrogen Timetables for Repetitive Air Dives**		
20	7(c)	**(3) Standard Air Decompression Table**		
21	**8**	**Sample of diving log sheets to be used**		
22	**9**	**Sample of repetitive dive worksheets or equivalent (dive profile method) to be used**		
23	**10**	**Outline of the fitness for duty (including medical) requirements for dive team members**		
24	**11**	**Outline of administrative and recordkeeping procedures**		

Comments:

Accepted Check Mark
Possible Action Needed Before Acceptance Can Be Given Action (NI)
Not Acceptable resubmit (NA)

Dive Operations Plan Review Checklist

Project Name:		**Dive Operations Plan Submittal #**	
Contract No.		**Dive Operations Plan Submittal Date**	
Dive Contractor Name			
Dive Contractor Address			
Dive Contractor Phone #			
Prime Contractor Name			
Prime Contractor Address			
Prime Contractor Phone #			

USACE Reviewer:		**Review Date**	

If the checklist is not filled in by the Contractor USACE may reject the Contractor's dive package submittal and/or the review process may be delayed.

DIVE OPERATIONS PLAN - Minimum Requirements:

Item #	EM 385-1-1 Sect. 30-7.c	DESCRIPTON	Page #	USACE Review	Comments
1	1	Date of dive plan submission			
2	2	Name and contact information for diving supervisor preparing plan			
3	3	Names and duties of on-site dive team members, including dive supervisors			
4	4	List of diving equipment to be used			
5	5	Type of diving platform to be used			
6	6	Detailed description of the mission; Identify how/ if work will be divided into separate tasks or phases			
7	7	Date(s), Time(s), Duration, and Location of operation			
8	8	Diving mode used (SCUBA, SSA, Snorkeling) including description of backup air supply, as required			
9	9	Diving methodology(for example, mixed-gas, Surface Decompression using Oxygen (SUR D O2)).			
10	11	Anticipated surface and underwater conditions, to include visibility, temperature, currents, thermal protection, etc.			
11	12	Maximum single dive bottom time for planned depth of dive for each diver. Altitude adjustments to dive tables will be calculated for dives at altitudes of 1000 ft or more above sea level.			
12	13	Identification of topside assistance/support to dive team (i.e. crane operator, lock operator, etc.)			
13	14	Means of direct communication between dive site and the project office, USACE Dive Safety Inspector, and contracting officer (if applicable)			
14	16	Name of Contractor (and diving subcontractor if applicable), Contract number, and names and contact information for key personnel.			
15	30-8.a(23)(c)	Critical Lift Plan (if applicable)see EM 385 -1-1 section 16-7			
16	30-8.a (22)	Is contaminated water/sediment present?			
17	EM 385-1-1 para 30-7.b (16) Note	The dive plan will include the following statement: "If for any reason the dive plan is altered in mission, depth, personnel, or equipment, the DDC must be contacted in order to review and accept the alteration prior to the actual operation."			

Comments:

Accepted Check Mark
Possible Action Needed Before Acceptance Can Be Given Action (NI)
Not Acceptable resubmit (NA)

Activity Hazards Analysis Review Checklist

PROJECT NAME		**Activitity Hazards Analysis Submittal #**	
Contract No.		**Activity Hazards Analysis Submittal Date**	
Dive Contractor Name			
Dive Contractor Address			
Dive Contractor Phone #			
Prime Contractor Name			
Prime Contractor Address			
Prime Contractor Phone #			

USACE Reviewer		**Review Date**	

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ACTIVITY HAZARDS ANALYSIS - Minimum Requirements:

Item #	EM 385-1-1 Sect. 30-6	DESCRIPTON	Contractor Check	USACE Review	Comments
1	30-6	**Developed AHA according to EM 385-1-1 paragraphs 1-6, or 2-6, or 12-6 as applicable.**			
2	(1-6.d)(4)(a)	Activity location, Date, Name and Title of AHA Preparer,Name and Title of AHA Authority.			
3	(1-6.d) (b)-(g)	Steps to be performed for the task, List of potential hazards, List of controls Assigned RAC			
4	(1-6.d) (h)	RAC has been identified, reviewed, and signed by proper approval authority.			
5	12-6	**Hazardous Energy Control (HEC) procedures in accordance with Section 12 of this manual and procedures for dealing with differential pressures will be included if appropriate.**			
6	12-8	**If HEC procedures are required for the diving operation, the diving supervisor will visually check all lockout/tagout and other control procedures/devices to assure they are in place and redundant where possible prior to the commencement of the diving operation.**			
7	12-8	**A copy of any clearances/permits to be issued to deal with identified hazards will be attached to the AHA.**			
8	30-7.a(3)	**Some dives may be sufficiently complex to warrant several separate analyses.**			
9	30-8.a(9)(e)	**The AHA will be covered in detail at the pre-dive conference.**			
10	30-8.a (22)	**If contaminated water/sediment is present the hazard must be addressed according to Section 30-7.c**			

Comments:

Accepted Check Mark
Possible Action Needed Before Acceptance Can Be Given Action (NI)
Not Acceptable resubmit (NA)

Emergency Management Plan Review Checklist

PROJECT NAME		Emergency Management Plan Submittal #	
Contract No.		Emergency Management Plan Submittal Date	
Dive Contractor Name			
Dive Contractor Address			
Dive Contractor Phone #			
Prime Contractor Name			
Prime Contractor Address			
Prime Contractor Phone #			

USACE Reviewer		Review Date	

If the checklist is not filled in by the Contractor USACE may reject the Contractor's dive package submittal and/or the review process may be delayed.

Emergency Management Plan - Minimum Requirements:

Item #	EM 385-1-1 Sect. 30-7.d	DESCRIPTON	Page #	USACE Review	Comments
1	1	Location and phone number of nearest operational recompression chamber if not located at the dive site and the Divers Alert Network (DAN) phone number (919-684-9111)			
2	2	Location, directions to and phone number(s) of nearest hospital(s) or available physicians capable of treating dive injuries			
3	3	Location and phone number of nearest USCG Rescue Coordination Center, where appropriate			
4	4	Description of an emergency victim transport plan including phone numbers of appropriate emergency transport services;			
5	5	Procedures and phone numbers or other means of communications to activate emergency services at the facility where the work is being performed;			
6	6	Diver rescue procedures conducted by the dive team, including responsibilities of team members, best location(s) where injured divers may be removed from the water, and best location(s) for performing first aid/stabilization prior to emergency medical assistance arrival.			

Comments:

Approved
Possible Action Needed Before Approval Can Be Given
Action Needed - Not Approved

PROJECT NAME:		Diver Certifications Submittal #	
Contract No.		Diver Certifications Submittal Date	
Dive Contractor Name			
Dive Contractor Address			
Dive Contractor Phone #			
Prime Contractor Name			
Prime Contractor Address			
Prime Contractor Phone #			

USACE Reviewer:		Review Date	

If the checklist is not filled in by the Contractor USACE may reject the Contractor's dive package submittal and/or the review process may be delayed.

DIVE PERSONNEL QUALIFICATIONS:

385-1-1 References			30-3				30-3				30-3.e		30-8.a(23) (d)		30-3.a(23)(a)			
			Dive Training and Experience				Emergency Treatment Certifications											
Item #	Name	Role	Commercial Dive School Diploma or Cert Page #	Diving Exp. (= >12 months in position) Page #	4 Similar Dives, 1 in last 9 months, Dive Logs Page #	USACE Review	CPR Comp. Date	First Aid Comp. Date	Emergency O_2 Comp. Date	USACE Review	Dive Physical Date (signed and signature stamped by MD or DO) Date	USACE Review	Rigger cert. exp. (meets requirements in Section 15-3.a Page #	USACE Review	Signal Person Qualifications see section 16-3.a Page #	USACE Review	Overall USACE Review	COMMENTS
1																		
2																		
3																		
4																		
5																		
6																		
7																		
8																		

Comments:

Approved
Possible Action Needed Before Approval Can Be Given
Action Needed - Not Approved

USACE Walla Walla District Dive Safety

Surface Supplied Air Pre-Dive Equipment Certificates

Company:

Dive Mission:

Diver Umbilical (annually)

Serial Number: _____ Length: _____

Serial Number: _____ Length: _____

Serial Number: _____ Length: _____

Serial Number: _____ Length: _____

Deck Whip (annually)

Serial Number: _____ Length: _____

Serial Number: _____ Length: _____

Serial Number: _____ Length: _____

Serial Number: _____ Length: _____

Serial Number: _____ Length: _____

Serial Number: _____ Length: _____

Serial Number: _____ Length: _____

Gauges (6 months)

Serial Number: _____ Type: _____

Serial Number: _____ Type: _____

Serial Number: _____ Type: _____

Serial Number: _____ Type: _____

Recompression Chamber (2 year state inspection)

Number: _____ Serial Number: _____

Compressor (6 months)

Compressor Number: _____ Serial Number: _____

Compressor Number: _____ Serial Number: _____

USACE Walla Walla District Dive Safety

Surface Supplied Air Pre-Dive Equipment Certificates

Volume Tank (5 years)

Volume Tank Number: _____ Serial Number: _____

Volume Tank Number: _____ Serial Number: _____

Air Certificates

Lot Number: _____ Lot Number: _____

Lot Number: _____ Lot Number: _____

Lot Number: _____ Lot Number: _____

Lot Number: _____ Lot Number: _____

Dive Helmet (annual)

Serial Number: _____ Annual Maint Date: _____

Serial Number: _____ Annual Maint Date: _____

Serial Number: _____ Annual Maint Date: _____

Serial Number: _____ Annual Maint Date: _____

Serial Number: _____ Annual Maint Date: _____

Serial Number: _____ Annual Maint Date: _____

Serial Number: _____ Annual Maint Date: _____

Serial Number: _____ Annual Maint Date: _____

Serial Number: _____ Annual Maint Date: _____

Bailout Bottles

	DOT3AA/DOT3AL (5 yrs)	VIP (Annual)
Identifier: _____	DOT3AA /DOT3AL date: _____	VIP: _____
Identifier: _____	DOT3AA /DOT3AL date: _____	VIP: _____
Identifier: _____	DOT3AA /DOT3AL date: _____	VIP: _____
Identifier: _____	DOT3AA /DOT3AL date: _____	VIP: _____
Identifier: _____	DOT3AA /DOT3AL date: _____	VIP: _____
Identifier: _____	DOT3AA /DOT3AL date: _____	VIP: _____
Identifier: _____	DOT3AA /DOT3AL date: _____	VIP: _____