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)