MISSING DIVER(S) REPORT

INSTRUCTIONS: TIME IS OF THE ESSENCE. GATHER AS MUCH DIVER MISSING OR DIVER FOUND AND REPORTING VESSEL INFORMATION AS POSSIBLE BEFORE MAKING YOUR CALL OR ASKING FOR ASSISTANCE.

MISSING DIVER INFORMATION

LOCATION OF ENTRY: LATITUDE _____________ LONGITUDE ______________

OTHER LOCATION INFORMATION OR FIXES_________________________________

TYPE OF DIVE: DRIFT __ ANCHOR __ FIXED BUOY / ANCHORAGE __ WATER DEPTH __

TIME OF ENTRY ____ ESTIMATED LENGTH OF DIVE __ EXPECTED SURFACE TIME ___

DIVER#1       DIVER#2        DIVER#3          DIVER#4
SEX  ____             ____  ____  _____
AGE  ____  ____  ____  _____
HEIGHT ____  ____  ____  _____
HAIR COLOR ____  ____  _____  _____
BC COLOR ____  ____  _____  _____
SUIT COLOR ____  ____  _____  _____
TANK COLOR___  ____  _____  _____
EXPERIENCE ___  ____  _____  _____
HEALTH    ___  ____  _____  _____

DIVER SIGNALING DEVICES:
SAUSAGE COLOR ___ MIRROR ___  WHISTLE ___ FLARES __ DIVE LIGHT/STROBE ___

REPORTING VESSEL OR SOURCE OF REPORT

NAME OF VESSEL OR INDIVIDUAL MAKING ORIGINAL REPORT___________________________
CONTACT SOURCE: MARINE RADIO CHANNEL____ CELL PHONE # _____________________
OTHER CONTACT SOURCE (IDENTIFY)_______________________________________________
REPORTING VESSEL DESCRIPTION: LENGTH ____ COLOR ___OPEN/CABIN __________
LOCATION AT TIME OF REPORT: LATITUDE ___________ LONGITUDE________________
OTHER DATA USED TO LOCATE VESSEL___________________________________________
NON-DIVER CREW / PASSENGERS EMERGENCY NEEDS_______________________________
CAN VESSEL PARTICIPATE IN SEARCH ____ DURATION OF PARTICIPATION __________
QUALIFIED FIRST AID / CPR PERSONNEL ON BOARD _____ OXYGEN ON BOARD ______
REPORTING VESSEL: ANCHORED_____ DRIFTING______
DIVER FOUND INFORMATION

CALL 911 FOR IMMEDIATE ASSISTANCE IF A DIVER EXHIBITS OR COMPLAINS OF A SYMPTOM LISTED BELOW OR CALL 1-919-684-9111 DIVER EMERGENCY MEDICAL ADVICE.

BLURRED VISION ___ DIZZINESS ____ LOSS OF FEELING ANYWHERE __
PARALYSIS ___ CONVULSIONS ___ UNCONSCIOUS ___
PAIN IN: JOINTS ___ MUSCLES ___ BONES ___ ITCHY SKIN ___ SKIN RASH / REDNESS ___
LABORED BREATHING ___ COUGHING ___ BURNING CHEST PAIN ___

LOCATION OF RECOVERY:

LATITUDE ____________ LONGITUDE _____________ TIME RECOVERED_____________

NUMBER RECOVERED___________ NAME OF DIVE VESSEL / OPERATOR___________

NAME OF DIVER #1_______________________ DIVER#2____________________________
  DIVER#3_______________________ DIVER#4____________________________

DIVE INFORMATION (USE DIVER #1 DATA FOR ALL DIVERS IF INFORMATION IS SIMILAR)

DIVER#1: LENGTH OF DIVE____ DECOMPRESSION STOP____ DEPTH____ TIME___
DIVER#2: LENGTH OF DIVE____ DECOMPRESSION STOP____ DEPTH____ TIME___
DIVER#3: LENGTH OF DIVE____ DECOMPRESSION STOP____ DEPTH____ TIME___
DIVER #4: LENGTH OF DIVE____ DECOMPRESSION STOP____ DEPTH____ TIME___

ASSISTING FACILITY INFORMATION

CURRENT LOCATION LATITUDE___________ LONGITUDE____________

OTHER FIX OR LOCATION INFORMATION_______________________________

RADIO CALL SIGN___________ CONDITION OF CREW / FACILITY _____________

HOURS UNDERWAY ____ REMAINING UNDERWAY TIME_____ FUEL REMAINING___

CURRENT SEA CONDITIONS: WAVE HEIGHT _____ PERIOD__________

DAYLIGHT OPERATIONS_____ NIGHT OPERATIONS______

WIND DIRECTION___ WIND SPEED_____ DRIFT DIRECTION/ SPEED_______

NOTES AND OTHER INFORMATION