

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