



University of the West Indies
Discovery Bay Marine Laboratory
DIVE BOOKING FORM



(to be completed by **Dive Leader** and submitted
at least **48hrs. before** planned dive (s))

(ONLY COMPLETE SECTIONS IN GREY HIGHLIGHT)

Date of Dive (s): DD MM YY *complete a separate form for each day
Time of Departure: HR MIN AM
Time of Return: HR MIN AM
Purpose: Purpose (Select)

If you require assistance with
this form please call
Dr. Dayne Buddo
at (876) 379-6148

DIVERS (List Dive Leader First)

#	Name	Cert. Org.	Level
1			
2			
3			
4			
5			
6			
7			
8			

Use an additional form to add more divers (if needed)

**List all Safety and Emergency
Equipment**

(ONLY COMPLETE SECTIONS IN GREY HIGHLIGHT)

DIVE PLAN:

Dive Tables being used (PADI, BSAC, computer, etc):

Dive Site		SI		Dive Site		SI		Dive Site		SI	
PG		PG	HR	MIN	PG		PG	HR	MIN	PG	
fsw	Dive 1	SS			fsw	Dive 2	SS			fsw	Dive 3
	BT					BT					BT

of Tanks needed:

RNT+ABT=

RNT+ABT=

Send form electronically to: dayne.buddo@uwimona.edu.jm

(Do not write below)

Dive Plan OK?

Yes/No

Dive Leader OK?

Yes/No

Approval:

Auth. #:

Notes:

Dayne Buddo PhD

Date

KEY: PG: Pressure Group

fsw: depth (feet of seawater)

BT: Bottom time

SS: safety stop

SI: surface interval

RNT: Residual Nitrogen Time

ABT: Actual Bottom Time

TBT: Total Bottom Time