

**APPENDIX 3
UCSB INCIDENT FORM**

Required Incident Reporting: All diving incidents requiring recompression treatment, or resulting in moderate (more than first aid) or serious injury (hospitalization required) or death shall be reported to DSO within 24hrs of the injury/incident. The report will specify the circumstances of the incident and the extent of any injuries or illnesses. This form is confidential and for statistics purposes only. Please be sure to also report the injury/incident to your dept. and Business Services if required: <http://www.workerscomp.ucsb.edu/>

DSO's cell # is (805) 451-5099.

Check all appropriate spaces & complete the form on the backside of this page:

Diving Classification:	Decompression Profile Method:		
Scientific	Dive Tables		
Training / Proficiency	Dive Computer		
	PC Computer Deco Software		
Diving Mode:			
Open Circuit SCUBA	Incident Classification:		
Surface Supplied	Hyperbaric (DCS)		
Hookah	Simple Barotrauma (ear squeeze, etc)		
Rebreather	Near Drowning		
	Hyperoxia (excess oxygen)		
Breathing Gas(s):	Hypoxia (reduce oxygen)		
Air	Hypercapnea (excess CO2)		
Nitrox (% gases)	Fatality		
Mixed Gas (% gases)	Other		
Referred to Physician:	Depth Range (ft):		
Yes	0-30	61-130	191-200
No	31-60	131-150	
	61-100	151-190	
Hyperbaric Treatment:			
Yes No	Did this incident involve a workers compensation claim?		
(If Yes, complete & submit DAN form)	Yes	No	

Name & Title of Person Submitting Report: _____ Date: _____

Contact Number and email: _____

Diver Injured: _____ Date of incident: _____

Location of Incident/Injury: _____

Name and Number of Supervisor: _____

PLEASE COMPLETE THE DESCRIPTIVE REPORT ON THE BACK OF THIS SHEET

(use additional sheets as needed)

UCSB/AAUS Diving Injury/Incident Report Form

Descriptive Report (use additional sheets if necessary) Date of Incident:

Describe the circumstances and the extent of the injuries or illnesses:

Treatment provided and results:

Recommendations to avoid repetition of this incident: