

**University of Hawaii Diving Safety Program
APPENDIX 2E**

Application for Scientific Diving Research Proposal Approval

INSTRUCTIONS: Approval to be obtained prior to the start of project. Complete and submit to UH Diving Safety Program <uhdsp@hawaii.edu> for review. Submission will be considered as acceptance of conditions set forth in the Statement of Understanding. Final signatures will be obtained after review and approval. The review and approval process may require further consultation with your Unit Diving Coordinator, Diving Safety Officer, and possible review by the UH Diving Control Board. Please allow up to two weeks for review and response by UHDSF.

Application Date: _____ Grant Submission Due Date: _____
Principal Investigator (PI): _____
PI's Title/Dept.: _____ UH Department of Record: _____
Address: _____ Email: _____ Phone: _____
Other Investigators (Name, Institutions/Department, Phone/Email) :

Investigator 1, Institution/Department, Contact Info
Investigator 2, Institution/Department, Contact Info

Project Title:

Purpose: Research/Instruction/Other

Proposed Project Duration:

Granting Agency to which proposal will be submitted:

Requested Funding (including overhead):

Requested Funding - Total Grant (including overhead):

Description of Proposed Diving Operations

Diving Supervisor (Name): _____ Phone/Email: _____

Expected Diving Start Date:

Expected Diving Duration/Dates:

Expected Dive Team Members:

Diver 1

Diver 2

Additional UH divers as approved in individual dive plans.

Dive Location(s):

Description of Activity (Narrative, or cut and past from proposal description and materials and methods recommended):

XX
XX
XX
XX

Maximum Planned Depth:

No. of Dives per Day:

Total Daily Bottom Time (min):

Mode:

Environment:

Breathing Gas:

Will operations require Stage Decompression Dives?: YES/NO

If "YES", explain.:

Platform:

Type and Source of Vessels (if known):

Special Equipment, Hazards or Safety Considerations:

List agencies and institutions from which divers may be involved:

Agencies/Institution, proposed as the lead for joint diving activity:

PI: David Pence

Application Date: 06/24/2020

Project Title: Development of Scientific Diver Training Methods for the Era of COVID19

Verification of Non-Exempt Activity:

- Are all planned proposed diving activities of a light-duty nature, generally requiring no more than simple hand tools and equipment?: **YES/NO**
 - *If “NO” to above, please explain:
- Are the objectives of the diving to make scientific observations and collect data?: **YES/NO**
 - *If “NO” to above, please explain:
- Do all proposed diving activities require the specialized scientific expertise of the diver to meet the sole objective of the dive?: **YES/NO**
 - *If “NO” to above, please explain:
- Will the information (i.e., data) generated from this project be proprietary in any manner that would restrict its free dissemination for the advancement of scientific knowledge?: **YES/NO**
 - *If “YES” to above, please explain. :
- Will any aspect of the planned activities interfere with a strict adherence to the Buddy System while engaged in open- or closed-circuit SCUBA diving (i.e., direct and continuous contact between two similarly trained and equipped divers, capable of providing immediate mutual assistance in the event of an emergency)?: **YES/NO**
 - *If "Yes" to the above, explain, and elucidate how such will be prevented or mitigated:

PI:

Application Date:

Project Title: Development of Scientific Diver Training Methods for the Era of COVID19

Applicant's Statement of Understanding:

I understand and agree that, should this proposal be funded:

- This document covers proposal application only. A separate dive plan approval is required prior to the start of diving operations. A separate approved plan will be required for each significantly different diving operation within the project, and dive plans must be renewed every 6 months to remain in effect: **YES/NO**
- Diving operations for this project which involve UH personnel (i.e., faculty, staff, students, or volunteers acting in their official capacity), utilize any UH-owned or UH-leased facilities, equipment, or supplies, or supported by UH-supplied or UH-administered funding, must comply with requirements specified in the University of Hawaii Diving Safety Manual: **YES/NO**
- All divers participating on this project will be required to be authorized according to requirements specified in the current UH Diving Safety Manual. Among other requirements, a current diving medical examination, diver qualification examinations, and emergency response training are required: **YES/NO**
- If joint operations with divers from other institutions or outside UH are planned, control of operations involving UH as specified above can only be transferred from UH by agreement of the UH Diving Control Board. For the DCB to do so, the other institution must have an organized scientific diving program which, at a minimum meets the U.S. (OSHA) and Hawai'i (HIOSH) requirements for the Scientific Diving Exemption from the Commercial Diving Regulations and compliant with the Standards of the American Academy of Underwater Sciences (AAUS) or international equivalent: **YES/NO**
- If other participating institutions do not have scientific diving programs, as described above, then collaborating divers from those institutions will be required to gain authorization as per requirements of the UH Diving Safety Manual: **YES/NO**
- The point of contact regarding UH Diving Safety Program policy is the UH Diving Safety Officer: **YES/NO**

By typing my full name below, I verify the descriptions provided above are true and accurate representations of the planned activity, and I understand and agree to the policy statements above: ***P.I. TYPE NAME HERE***

----- Diving Safety Office Review-----

Date Received: _____

Action:

_____ Approved _____ Disapproved _____ Conditionally Approved

Remarks, Conditions or Restrictions: _____

Diving Safety Officer Review Date: _____ Signature, DSO: _____

(If Required)

Diving Control Board Review Date: _____ Signature, DCB Chair: _____