

University of Hawaii Diving Safety Program  
APPENDIX 2E

Application for UH Student Thesis or Project Proposal Approval for Diving

INSTRUCTIONS: Approval to be obtained prior to the start of project. Complete and submit to UH Diving Safety Program <[uhdsp@hawaii.edu](mailto: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 UHDSPP.

Application Date: XXXXXXXXXXXXXXXX

Planned Starting Date:

Applicant Name: XXXXXXXXXXXXXXXX

UH Campus & Department of Record:

Address:

Email:

Phone:

Project Title:

Project Level:

Project Type:

Academic Advisor:

Title:

Email:

Phone:

Expected Duration of Project:

Does this project entail an award of extramural funding (scholarship, grant, intern stipend, etc...)? YES\*/NO

If Yes, Indicate the source, amount and duration of the award.:

**Description of Proposed Diving Operations**

Diving Supervisor:

Phone/Email:

Expected Dive Team Members:

Diver 1 Contact Info

Diver 2 Contact Info

Other UH divers to be identified during the dive plan approval process.

Dive Location(s):

Description of Activity: (Cut and paste from proposal is recommended)

XX  
XX  
XX  
XX  
XXXXXXXXXXXX

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 or Considerations Needed:

List agencies and institutions from which divers may be involved:

List Agencies/Institution(s), to be proposed as the lead:

Student Name: DAvid F. Pence

Application Date: 06/16/2020

Project Title: Test of Student Project Proposal Approval Application

**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 prohibit its dissemination for the advancement of scientific knowledge?: YES/NO
  - \*If "YES" to above, please explain:
- Will any aspect of the planned diving activities interfere with a strict adherence to the Buddy System (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)? : NO
  - \*If "Yes" to the above, explain, and elucidate how such will be prevented or mitigated.:

Student Name: STUDENT NAME

Application Date:

Project Title:

**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 contained in the 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(s) must have an organized scientific diving programs 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 are approved by the UH Diving Control Board: **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 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: ***APPLICANT TYPE NAME HERE***

\_\_\_\_\_  
Advisor Signature

\_\_\_\_\_  
Date

----- 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: \_\_\_\_\_