

DATE SUBMITTED: _____



TEXAS A&M
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Archaeological Diving Incident Form

The Texas A&M Archaeological Diving Control Board provides this form whereby all pertinent information should be documented immediately after any diving-related incidents occurs. Submission of this form should occur as soon as possible. Incidents involving the transportation of an injured party via ambulance, water vessel, aircraft, etc. will require immediate notification to the ADCB. Upon completion, this form becomes a legal document and should be submitted to the ADCB at dnc@tamu.edu

Part I: Incident Specifics and Actions Taken

Date of Incident (Weekday, Month Day, Year): _____

Time of Incident: _____ **Time EMS Called:** _____

Time EMS Arrived: _____ **EMT Names:** _____

**Complete, as necessary, the Ambulance Consent/Refusal of Service Disclosure located at the end of this form.*

Injured Party Transported to: Hospital Home Other: _____

Final Destination Name/Address: _____

Method of Transport: Ambulance Private Auto Other: _____

Name(s) of Transporter: _____

Location (Please be as specific as possible):

Course, Activity, and Instructor Data:

Name of Instructor/Organization: _____

Name of Seminar/Special Event/Course/Time/Day:

Activity Occurring at the Time of the Incident (class activity, special event, seminar, etc.):

Snorkeling and Scuba Diving Data:

Diving Mode: Snorkeling/Skin Diving Open-Circuit Scuba Other: _____

Certification Level: _____ **Max Depth (ft.):** _____ **Total Bottom Time:** _____

Water Temperature (°F): _____ **Environmental Conditions:** _____

Purpose of Activity and Tasks performed (recreational, scientific, training, photography, etc.):

Dive Sequence and Specifics (Please be as specific as possible and report dives leading up to incident to include number, profiles, ending and starting pressure groups, dive buddies, breathing gas mixture, dive platform, non-standard equipment used, etc.):

Part of Body Injured and Nature of Possible Injury:

Identification of Injury (Describe the body part(s) injured. Be sure to designate if the Left or Right side of the body was affected.):

Nature of Injury (bruise, cut, dislocation, fracture, suspected lung overexpansion injury, suspected Decompression Sickness, Type I or II, etc.):

Describe in Detail the Actions Taken (Primary Care, Secondary Care, O₂ Administration, etc.):

Body Fluid Spill:

Body Fluid Spill? Yes No

If Yes, follow the checklist below and initial each line:

- _____ Wear gloves while handling any body fluid spill.
- _____ Clean up the area using a bleach/water solution.
- _____ Dispose of contaminated supplies (gauze, gloves, paper towel, etc.) using the biohazard bags in appropriate container.
- _____ Thoroughly wash hands after the incident.

Ambulance Consent/Refusal Signature:

I, _____ (print name) have been informed that I am responsible for paying for ambulance service as well as any emergency room and physician-related expenses. I understand that Indiana University is not responsible for these fees.

Indicate with an "X" if Ambulance Transport was Requested or Refused:

_____ **REQUEST** Ambulance Transport _____ **REFUSE** Ambulance Transport

Signature of Party Refusing Care: _____ **Date:** _____
Signature

Refusal of Medical Care Signature:

I, _____ (print name) have been advised that I may have a medical condition (s) which may require an examination by a doctor, and I refuse such medical care and or advice as has been rendered by Indiana University **OR** I do not believe a medical emergency exists and I require no further assistance.

Signature of Party Refusing Care: _____ **Date:** _____
Signature

Part II: Injured Party Personal Data

Last Name of Injured Party (First, MI, Last): _____

Date of Birth: _____ **IU ID:** _____ **Sex:** Female Male

Local Street Address: _____

City, State, Zip, Country: _____

Phone: _____ **Email:** _____

IU Affiliation (undergraduate student, graduate student, faculty, staff, guest, etc.): _____

Part III: Recommendations

Do You Recommend a Follow-up? Yes No

Date of Anticipated/Actual Follow-up: _____ Who Will Follow-up? _____

Follow-up Comments (*Please be as specific as possible*):

Part IV: Incident Report Form Checklist and Signature

Checklist:

- EMS dispatch and arrival time recorded, if applicable?
- Date, Time, & Location of Accident and Course Information recorded?
- Injury Data recorded in detail thoroughly?
- Actions Taken in response to incident recorded in detail thoroughly?
- Ambulance Consent/Refusal Signed by Injured Party?
- If care was refused: Refusal of Medical Care signed?
- Injured Party's Personal Data recorded thoroughly with all necessary signatures?
- Witness Narratives completely filled out, legibly?
- Employee Narratives completely filled out, legibly?
- Follow-up Recommendations indicated?

Submit this form to the Archaeological Diving Control Board in either electronic or hardcopy format.
Should you have questions, please call Deborah Carlson .

Electronic: dnc@tamu.edu
 Hardcopy: ADCB Chair Deborah Carson
 Texas A&M University
 MS 4352 TAMU
 College Station, TX

Print Name of Party Who Completed this Form (First, MI, Last): _____

Contact Information for Party Who Completed this Form (Phone/Email):

Signature of Party Who Completed this Form: _____ Date: _____

Signature