Appendix 2. Sample RLSF dive activity plan

Dive activity plan			
Date of proposed dive:	Location of dive site:		
Shore dive/boat dive (circle one)	Boat owner contact phone:		
Approximate start time:	Nominated dive leader: Contact phone number:		
Nearest hospital:	Phone:	DAN 1800 088 200 within Aust. 61 8 8212 9242 outside Aust.	
Nearest decompression chamber:		Phone number:	
Nearest diving doctor:		Phone number:	
Number of dives proposed:	Dive depth:	Dive duration:	
Oxygen cylinder pressure:	O2 Kit checked: Y/N	First Aid kit checked: Y/N	

Diver's name	Contact number	Next of kin	Contact number