

# Incident/Accident Report Form



Please return completed form to:

E-mail: [NAVYSAFETYCNTR-DDSTSDSIAT@mod.gov.uk](mailto:NAVYSAFETYCNTR-DDSTSDSIAT@mod.gov.uk) with a copy to [NAVYNPS-JSSADCCC@mod.gov.uk](mailto:NAVYNPS-JSSADCCC@mod.gov.uk)

Nick Harrington, Diving Standards Officer (AT)

Fleet Diving HQ, Bridge Building, Horsea Island, Cosham, PORTSMOUTH Hampshire, PO6 4TT

## Details of Incident

Date  Time

Location:  UK  Overseas  
 Sea  Lake/Quarry  River/Canal  Swimming Pool  On Land

Place  Country (If not UK)

Organisation of Dive:  Private  Club  Holiday  Commercial

Members are reminded that they are required to inform the Club's Insurers, as soon as possible, of any incident that may result in a third party claim. Prompt completion of this form and return to the BSAC discharges this obligation. Members and others may also have private insurance obligations.

## Dive details when incident occurred:

Maximum depth of dive  Decompression conducted: Depth(s)      
 Depth at which incident started  Time(s)      
 Dive duration  Surface interval since previous dive (if applicable)   
 Weather  Sea/water conditions   
 Surface visibility  Underwater visibility

## Details of previous related dives:

Date <input type="text"/>	Time of surfacing <input type="text"/>	Date <input type="text"/>	Time of surfacing <input type="text"/>
Depth <input type="text"/>	Duration <input type="text"/>	Depth <input type="text"/>	Duration <input type="text"/>
Decompression Conducted:		Decompression Conducted:	
Depth(s) <input type="text"/>	<input type="text"/>	Depth(s) <input type="text"/>	<input type="text"/>
Time(s) <input type="text"/>	<input type="text"/>	Time(s) <input type="text"/>	<input type="text"/>
Surface interval since previous dive (if applicable) <input type="text"/>		Surface interval since previous dive (if applicable) <input type="text"/>	

## Type of Incident and factors Involved. Please mark all relevant boxes.

- |   |   |
|---|---|
| <input type="checkbox"/> 01 Fatality                            | <input type="checkbox"/> 30 Rough water                     |
| <input type="checkbox"/> 02 Embolism                            | <input type="checkbox"/> 31 Cold water                      |
| <input type="checkbox"/> 03 Decompression illness               | <input type="checkbox"/> 32 Water current                   |
| <input type="checkbox"/> 04 Unconsciousness                     | <input type="checkbox"/> 33 Low underwater viz              |
| <input type="checkbox"/> 05 Injury                              | <input type="checkbox"/> 34 Low surface viz                 |
| <input type="checkbox"/> 06 Illness                             | <input type="checkbox"/> 35 Bad seamanship                  |
| <input type="checkbox"/> 07 Narcosis                            | <input type="checkbox"/> 36 Good seamanship                 |
| <input type="checkbox"/> 08 Oxygen Poisoning                    | <input type="checkbox"/> 37 Carelessness                    |
| <input type="checkbox"/> 09 Ear problems/damage                 | <input type="checkbox"/> 38 Ignorance                       |
| <input type="checkbox"/> 10 Hypothermia                         | <input type="checkbox"/> 39 Disregard of rules              |
| <input type="checkbox"/> 11 Breathlessness                      | <input type="checkbox"/> 40 Malice                          |
| <input type="checkbox"/> 12 Panic                               | <input type="checkbox"/> 41 Inadequate pre-dive check       |
| <input type="checkbox"/> 13 Cramp                               | <input type="checkbox"/> 42 Inadequate training             |
| <input type="checkbox"/> 14 Resuscitation involved              | <input type="checkbox"/> 43 Entangled/trapped               |
| <input type="checkbox"/> 15 1st aid oxygen used                 | <input type="checkbox"/> 44 Fire/explosion                  |
| <input type="checkbox"/> 16 Nitrox                              | <input type="checkbox"/> 45 False alarm                     |
| <input type="checkbox"/> 17 Trimix                              | <input type="checkbox"/> 46 Good practice                   |
| <input type="checkbox"/> 18 Rebreather                          | <input type="checkbox"/> 47 Solo diving                     |
| <input type="checkbox"/> 19 Aborted dive                        | <input type="checkbox"/> 48 Trio diving                     |
| <input type="checkbox"/> 20 Ascent using Alternative Air Source | <input type="checkbox"/> 49 Separation                      |
| <input type="checkbox"/> 21 Buoyant ascent                      | <input type="checkbox"/> 50 Lost diver(s)                   |
| <input type="checkbox"/> 22 Free ascent (without air supply)    | <input type="checkbox"/> 51 Drift diving                    |
| <input type="checkbox"/> 23 Controlled Buoyant Lift             | <input type="checkbox"/> 52 Training drill                  |
| <input type="checkbox"/> 24 Rapid ascent                        | <input type="checkbox"/> 53 Diving at altitude (above 250m) |
| <input type="checkbox"/> 25 Diver too buoyant                   | <input type="checkbox"/> 54 Divers underwater               |
| <input type="checkbox"/> 26 Diver too heavy in water            | <input type="checkbox"/> 55 Divers on the surface           |
| <input type="checkbox"/> 27 Out of air                          |   |
| <input type="checkbox"/> 28 Foul air                            |   |
| <input type="checkbox"/> 29 Incorrect Gas Mixture               |   |

- 56 Wreck dive
- 57 Cave dive
- 58 Night dive
- 59 Snorkel dive
- 60 Boat dive
- 61 Shore dive

## Emergency Services Involved

- 62 Coastguard
- 63 Lifeboat
- 64 Helicopter
- 65 Ambulance
- 66 Hospital
- 67 Police
- 68 Fire Brigade
- 69 Recompression

## Decompression Incidents

- 70 Dive within tables
- 71 Inaccurate use of tables
- 72 Dive using BSAC 88 tables
- 73 Dive using other tables  
specify:
- 74 Dive using computer\*
- 75 Dive within computer limits
- 76 Missed decompression stops
- 77 Re-entry decompression
- 78 Repeat diving

\*Please provide computer details on page 3

Details of individuals involved	Person A	Person B	Person C	Person D
Surname.....				
First name.....				
Gender (M)ale (F)emale.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Age.....				
Any known relevant prior medical condition.....				
Diving affiliation (Please specify e.g. BSAC, SAA, PADI).....				
Branch name.....				
Branch number.....				
BSAC Membership number.....				
Gas mixture being used: Air.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indicate 'D' if used for the (D)ive, or 'S' if only for decompression (S)tops.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify).....				
Diving grade - see (a).....				
Instructor grade - see (b).....				
Number of dives since 1st Jan. this year*.....				
Total number of dives completed*.....				
Year when started diving.....				

(a) (O) none, (Sn)orkeller, (N)ovice, (O)cean Diver, (S)ports Diver, (D)ive Leader, (A)dvanced Diver, (1)st Class

(b) (S)norkel Instructor, (C)lub, (O)pen water, (A)dvanced, (N)ational.

\* Number of dives at date of incident. Please provide an estimate if the exact number is not known

} For other agencies, please give titles.

Details of any equipment IMPLICATED in the cause of the incident

Please only indicate items which CONTRIBUTED to the incident/accident.

Diving equipment

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> 79 Cylinder        | <input type="checkbox"/> 92 Weights/weightbelt | <input type="checkbox"/> 102 SMB                                       |
| <input type="checkbox"/> 80 Regulator       | <input type="checkbox"/> 93 Anke weights       | <input type="checkbox"/> 103 Delayed SMB                               |
| <input type="checkbox"/> 81 Pressure gauge  | <input type="checkbox"/> 94 Face mask          | <input type="checkbox"/> 104 SMB reel                                  |
| <input type="checkbox"/> 82 Hose            | <input type="checkbox"/> 95 Full face mask     | <input type="checkbox"/> 105 Lifting bag                               |
| <input type="checkbox"/> 83 BC              | <input type="checkbox"/> 96 Snorkel            | <input type="checkbox"/> 106 Rope                                      |
| <input type="checkbox"/> 84 ABLJ            | <input type="checkbox"/> 97 Fins               | <input type="checkbox"/> 107 Torch                                     |
| <input type="checkbox"/> 85 Drysuit         | <input type="checkbox"/> 98 Knife              | <input type="checkbox"/> 108 Camera                                    |
| <input type="checkbox"/> 86 Undersuit       | <input type="checkbox"/> 99 Watch              | <input type="checkbox"/> 109 Tools                                     |
| <input type="checkbox"/> 87 Wetsuit         | <input type="checkbox"/> 100 Compass           | <input type="checkbox"/> 110 Other - Please state <input type="text"/> |
| <input type="checkbox"/> 88 Dump valve      | <input type="checkbox"/> 101 Dive computer     |  |
| <input type="checkbox"/> 89 Inflation valve |  |  |
| <input type="checkbox"/> 90 Hood            |  |  |
| <input type="checkbox"/> 91 Gloves          |  |  |

Boat and boating equipment

- 111 Engine failure/malfunction
- 112 Out of fuel
- 113 Incorrect or dirty fuel
- 114 Boat malfunction
- 115 Boat swamping
- 116 Boat capsize
- 117 VHF radio failure
- 118 Propellor
- 119 Other - please state

Equipment details

If equipment failure/malfunction/design was IMPLICATED in this incident please provide details

Item \_\_\_\_\_

Make \_\_\_\_\_

Model \_\_\_\_\_

Serial number \_\_\_\_\_

Approximate age \_\_\_\_\_

Please provide a written description of the events of this incident. Use additional pages if necessary.

Please submit reports by diver's partners, dive marshal and any other witnesses together with a summary of the incident leading to the accident. Copies of statements given to the police or other authorities should also be included. Please enclose any press cuttings, inquest report, etc.

Contact Email :

Report Submitted by Name Address  Date
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Please return completed form to:  
E-mail: [NAVYSAFETYCNTR-DDSTSDSIAT@mod.gov.uk](mailto:NAVYSAFETYCNTR-DDSTSDSIAT@mod.gov.uk) with a copy to [NAVYNPS-JSSADCCC@mod.gov.uk](mailto:NAVYNPS-JSSADCCC@mod.gov.uk)