

This form is to be completed by all UQ workers undertaking diving work. UQ collaborators may be requested to complete this form where the collaborator is making up part of the dive team. Depending on where you plan to work, this will be either St Lucia (central.boating.diving@uq.edu.au), HIRS (boating.diving.hirs@uq.edu.au) or MBRS (mbrsboat@uq.edu.au). This form must be accompanied by copies of any qualifications, certificates or licences referred to below. Please ensure copies are legible and contain all information on the document, scanning both sides if necessary. PDF documents of <300kB are preferred.

The University of Queensland is collecting your personal information in order to fulfil UQ's safety obligations in accordance with the Work Health and Safety Act (Qld) 2011. It is the University's usual practice to disclose this information only in accordance with the UQ Policy for Privacy Management.

ADMINISTRATIVE INFORMATION

First Name	<input type="text"/>	Last Name	<input type="text"/>
Supervisor	<input type="text"/>	Organisational Unit	<input type="text"/>

COMPETENCY - LIMITED DIVER

If you wish to register to dive with UQ as a 'supervised or limited diver', please complete this section. If you have occupational diving qualifications, please complete the section below instead.

Rescue Diver or higher qualification	Attached <input type="checkbox"/>	<i>Note: 500 minutes must be within 10m shallower or deeper than the working depth</i>
Logbook demonstrating 15 hours logged dive time	<input type="checkbox"/>	

COMPETENCY - SCUBA DIVER

If you wish to register to dive with UQ as an unrestricted diver, please complete this section and the section for first aid qualifications.

Dive Master/Instructor certification; AND Logbook demonstrating relevant diving experience	Attached <input type="checkbox"/>
AQF Certificate AHCLPW305/SISOSCB306A; AND Logbook demonstrating relevant diving experience	<input type="checkbox"/>
ADAS Part 1R, 2R, 2, 3, 4; OR Other equivalent course to AS 2815.1-4	<input type="checkbox"/>

COMPETENCY - CCR

Note: CCR stands for Closed Circuit Rebreather.

Scuba certification	Attached <input type="checkbox"/>	Logbook demonstrating 30 hours logged dive time on CCR	Attached <input type="checkbox"/>
CCR certification	<input type="checkbox"/>	<i>Note: 500 minutes must be within 10m shallower or any depth deeper than the working depth.</i>	

COMPETENCY - NITROX/MIXED GAS

Nitrox qualification or endorsement	Attached <input type="checkbox"/>
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OTHER REQUIRED CERTIFICATES

Current medical certificate to AS 2299.1	Attached <input type="checkbox"/>	<i>Note: An occupational diving medical certificate must be to the criteria of AS 2299.1, state your name, date of issue within last 12 months, examining doctors name and Medicare Provider number, and any conditions of issue. The certificate must not have expired or be revoked.</i>
Current certificate for first aid equivalent to HLTAID003	<input type="checkbox"/>	
Current certificate for oxygen administration HLTAID007/PUAEME003C/OFAODO001A with HLTAID001	<input type="checkbox"/>	

INDUCTION RECORD

Please check 'yes' and sign the following section indicating that you have read, understood, and agree to follow PPL entry 2.30.08.

Registration is valid only while certificates provided are current	Yes <input type="checkbox"/>	Depth gauges and pressure gauges being used must be checked for accuracy at least every 12 months	Yes <input type="checkbox"/>
Maintenance records for equipment being used must be made available to the dive supervisor on request	<input type="checkbox"/>	Signature: <input type="text"/>	

VERIFICATION OF COMPETENCY

Assessment criteria

Supervisors should ensure that the competency of divers with minimal verified occupational diving experience has been confirmed by the dive supervisor prior to undertaking underwater diving work.

Completed skill	2
Completed skill only with difficulty	1
Not able to complete skill	0

Diving performance criteria

<i>Note, dive supervisor please rank</i>	Competency rank
Swim 200 m non stop without the use of swim aids, in less than 5 minutes:	<input type="text"/>
Fin 800 m in less than 18 minutes neutrally buoyant with mask and snorkel:	<input type="text"/>
Fully assemble equipment, perform necessary checks and enter water:	<input type="text"/>
Demonstrate appropriate weighting:	<input type="text"/>
Demonstrate weight belt removal and replacement at the surface:	<input type="text"/>
Demonstrate removal and replacement of SCUBA equipment: at the surface:	<input type="text"/>
Demonstrate regulator recovery and clearing:	<input type="text"/>
Demonstrate buoyancy control whilst swimming and stationary:	<input type="text"/>
Demonstrate mask removal and replacement whilst underwater:	<input type="text"/>
Demonstrate use of alternative air source stationary and while swimming:	<input type="text"/>
Perform an inert diver tow of at least 25m:	<input type="text"/>
If on-site, demonstrates controlled descent and ascent (optional):	<input type="text"/>
Rescue and transport, as a diver, a passive simulated victim of an accident (optional):	<input type="text"/>

EANx performance criteria

<i>Note, dive supervisor please rank</i>	Competency rank
Demonstrate how to determine Maximum Operating Depth (MOD):	<input type="text"/>
Demonstrate how to determine Oxygen content of mixed gas:	<input type="text"/>

CCR performance criteria

<i>Note, dive supervisor please rank</i>	Competency rank
Demonstrate skills described in Diving and EANx performance criteria above:	<input type="text"/>
Demonstrate Rebreather operation and use to manufacturer's specification:	<input type="text"/>

Notes

SUPERVISOR ASSESSMENT

Diver category assessment:

	Limited diver	Scuba diver - unrestricted	CCR	Nitrox/mixed gas
Scuba diver category:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes

(e.g. restrictions on tasks)

Supervisor signature

Date
dd mm yy

Boating & Diving Officer Name

Boating & Diving Officer
Signature

Date
dd mm yy