

Incident/Accident Report Form



THE BRITISH SUB-AQUA CLUB BSAC

Please return completed form to:
The British Sub-Aqua Club, Telford's Quay,
South Pier Road, Ellesmere Port, Cheshire CH65 4FL

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

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

Depth _____ Depth _____

Duration _____ Duration _____

Decompression Conducted _____ Decompression conducted _____

Depth(s) _____ Depth(s) _____

Time(s) _____ Time(s) _____

Surface interval since previous dive (if applicable) _____ Surface interval since previous dive (if applicable) _____

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"/> 56 Wreck dive |
| <input type="checkbox"/> 02 Embolism | <input type="checkbox"/> 31 Cold water | <input type="checkbox"/> 57 Cave dive |
| <input type="checkbox"/> 03 Decompression illness | <input type="checkbox"/> 32 Water current | <input type="checkbox"/> 58 Night dive |
| <input type="checkbox"/> 04 Unconsciousness | <input type="checkbox"/> 33 Low underwater viz | <input type="checkbox"/> 59 Snorkel dive |
| <input type="checkbox"/> 05 Injury | <input type="checkbox"/> 34 Low surface viz | <input type="checkbox"/> 60 Boat dive |
| <input type="checkbox"/> 06 Illness | | <input type="checkbox"/> 61 Shore dive |
| <input type="checkbox"/> 07 Narcosis | <input type="checkbox"/> 35 Bad seamanship | |
| <input type="checkbox"/> 08 Oxygen Poisoning | <input type="checkbox"/> 36 Good seamanship | Emergency Services Involved |
| <input type="checkbox"/> 09 Ear problems/damage | <input type="checkbox"/> 37 Carelessness | <input type="checkbox"/> 62 Coastguard |
| <input type="checkbox"/> 10 Hypothermia | <input type="checkbox"/> 38 Ignorance | <input type="checkbox"/> 63 Lifeboat |
| <input type="checkbox"/> 11 Breathlessness | <input type="checkbox"/> 39 Disregard of rules | <input type="checkbox"/> 64 Helicopter |
| <input type="checkbox"/> 12 Panic | <input type="checkbox"/> 40 Malice | <input type="checkbox"/> 65 Ambulance |
| <input type="checkbox"/> 13 Cramp | <input type="checkbox"/> 41 Inadequate pre-dive check | <input type="checkbox"/> 66 Hospital |
| <input type="checkbox"/> 14 Resuscitation involved | <input type="checkbox"/> 42 Inadequate training | <input type="checkbox"/> 67 Police |
| <input type="checkbox"/> 15 1st aid oxygen used | <input type="checkbox"/> 43 Entangled/trapped | <input type="checkbox"/> 68 Fire Brigade |
| | <input type="checkbox"/> 44 Fire/explosion | <input type="checkbox"/> 69 Recompression |
| <input type="checkbox"/> 16 Nitrox | <input type="checkbox"/> 45 False alarm | |
| <input type="checkbox"/> 17 Trimix | | Decompression Incidents |
| <input type="checkbox"/> 18 Rebreather | <input type="checkbox"/> 46 Good practice | <input type="checkbox"/> 70 Dive within tables |
| <input type="checkbox"/> 19 Aborted dive | | <input type="checkbox"/> 71 Inaccurate use of tables |
| <input type="checkbox"/> 20 Ascent using Alternative Air Source | <input type="checkbox"/> 47 Solo diving | <input type="checkbox"/> 72 Dive using BSAC 88 tables |
| <input type="checkbox"/> 21 Buoyant ascent | <input type="checkbox"/> 48 Trio diving | <input type="checkbox"/> 73 Dive using other tables |
| <input type="checkbox"/> 22 Free ascent (without air supply) | <input type="checkbox"/> 49 Separation | specify: _____ |
| <input type="checkbox"/> 23 Controlled Buoyant Lift | <input type="checkbox"/> 50 Lost diver(s) | <input type="checkbox"/> 74 Dive using computer* |
| <input type="checkbox"/> 24 Rapid ascent | <input type="checkbox"/> 51 Drift diving | <input type="checkbox"/> 75 Dive within computer limits |
| <input type="checkbox"/> 25 Diver too buoyant | <input type="checkbox"/> 52 Training drill | <input type="checkbox"/> 76 Missed decompression stops |
| <input type="checkbox"/> 26 Diver too heavy in water | <input type="checkbox"/> 53 Diving at altitude (above 250m) | <input type="checkbox"/> 77 Re-entry decompression |
| <input type="checkbox"/> 27 Out of air | <input type="checkbox"/> 54 Divers underwater | <input type="checkbox"/> 78 Repeat diving |
| <input type="checkbox"/> 28 Foul air | <input type="checkbox"/> 55 Divers on the surface | |
| <input type="checkbox"/> 29 Incorrect Gas Mixture | | |

*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				
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				
Indicate 'D' if used for the (D)ive, or 'S' if only for decompression (S)tops.	Nitrox 32 (32% O ₂)			
	Nitrox 36 (36% O ₂)			
	Nitrox 50 (50% O ₂)			
	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. } For other agencies, please give titles.

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

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 Ankle 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="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

- | |
|---|
| <input type="checkbox"/> 111 Engine failure/malfunction |
| <input type="checkbox"/> 112 Out of fuel |
| <input type="checkbox"/> 113 Incorrect or dirty fuel |
| <input type="checkbox"/> 114 Boat malfunction |
| <input type="checkbox"/> 115 Boat swamping |
| <input type="checkbox"/> 116 Boat capsize |
| <input type="checkbox"/> 117 VHF radio failure |
| <input type="checkbox"/> 118 Propellor |
| <input type="checkbox"/> 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 _____

