



DEPARTMENT OF ENVIRONMENTAL HEALTH & SAFETY

Research Support and Environmental Compliance

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REGISTRATION TO USE SCUBA DIVING IN RESEARCH

This form is to be completed by all University Diving personnel who are working on an active sponsored research grant. Be sure to have the Florida State University Diving Safety Officer and the principal investigator review and sign this form. Once completed, send it to Environmental Health & Safety (EH&S) via FAX, Campus Mail or deliver it to the above address.

Please note that additional forms are available at the EH&S website at www.safety.fsu.edu/forms.html or at the FSU Coastal and Marine Laboratory website at <http://www.marinelab.fsu.edu/adp>.

Please print legibly or type.

Research diver profile information

_____		_____	
First name		Last name	
_____	_____	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Position title	Date of birth	FSU ID Number	Gender
_____	_____	_____	_____
Work address		Phone	E-mail address
_____		_____	_____

Researcher information

_____		_____	
Principal Investigator/Diving Supervisor		Position title	
_____		_____	
Department		Campus mail	
_____		_____	
Campus phone		E-mail address	
_____		_____	

Research project information

Florida State University Main Campus Panama City Campus

_____		_____	
Grant project title		Grant project number/OMNI Number	
Briefly describe research involving SCUBA diving			
_____		_____	
_____		_____	

Diving characteristics

_____	_____	_____	_____
Depth of dive	Frequency of dives	Water temp.	Compressed gas other than air

Principal Investigator acknowledgement

I acknowledge to the best of my knowledge that all the above information is accurate, complete, and the above research diver is on my active sponsored research grant.

I understand that I will be required to comply with the federal, state and local regulations that pertain to the research project. I accept responsibility for providing, through scheduling or teaching, training to all personnel involved in the research project.

_____	_____	_____
Principal Investigator (please print)	Principal Investigator Signature	Date

Dive Program acknowledgement the following Diver has been:

Confirmed on an active grant project number/OMNI Number and completed the Dive Program Written Exam.

_____	_____	_____
Dive Program Representative (please print)	Signature	Date