



----- PDRA Incident Report -----

DATE: _____/_____/20____ **TIME:** _____

LOCATION: _____

DIVER INFORMATION: (Type or Print Clearly)

Name _____ Key # _____

Address _____ City _____ State ____ Zip _____

Phone _____

Was diver conscious? ____ Yes ____ No Depth of occurrence (if known): _____

Did diver have a computer? ____ Yes ____ No Breathing Air: AIR / NITROX (circle one)

If yes, Depth of dive _____ Duration of dive _____ Dry suit / Wet suit (circle one)

Pulse (if known): _____

Was oxygen administered? ____ Yes ____ No If yes, at what rate? _____

Was EMS contacted? ____ Yes ____ No Was DAN contacted? ____ Yes ____ No

BRIEFLY DESCRIBE WHAT HAPPENED & TREATMENT ADMINISTERED: (Use additional sheet if needed)

REPORTER INFORMATION: (if different from Diver)

Name _____ Key # _____

Address _____ City _____ State ____ Zip _____

Phone _____

WAIVER OF LIABILITY STATEMENT

I acknowledge and accept full responsibility for any injuries or damages I may have sustained while diving at PDRA-managed quarries. I hereby release the Piedmont Diving and Rescue Association (PDRA), its officers, members, and affiliates from any liability or claims arising from this incident. I understand and agree that I assume all risks associated with my participation and will not hold PDRA or its members accountable for any resulting harm.

Signature: _____ Date: _____

Printed Name: _____

REFUSAL OF TREATMENT AND ASSUMPTION OF LIABILITY - IF DIVER REFUSED TREATMENT:

I, the undersigned, acknowledge that I have voluntarily refused medical treatment or assistance offered by members of the Piedmont Diving and Rescue Association (PDRA) in connection with this incident. I fully understand the potential risks associated with this decision and hereby assume all responsibility and liability for any consequences that may arise. I release PDRA, its officers, members, and affiliates from any claims or obligations related to my refusal of treatment.

Signature: _____ Date: _____

Printed Name: _____

Witness Signature: _____ Date: _____

Witness Printed Name: _____

Witness Signature: _____ Date: _____

Witness Printed Name: _____

SUBMISSION REQUIREMENT

This completed form must be completed and submitted **within 48 hours** following the incident. Completed form can be emailed to info@ncpdra.org.

DIVER'S ALERT NETWORK – INCIDENT REPORT WEBSITE

<https://dan.org/safety-prevention/incident-reporting/>

