

PDRA INCIDENT REPORT

Incident Location: _____

Date: _____

Time: _____

Diver's Name: _____

Address: _____

Complaints: _____

Was diver conscious? YES/NO

Depth of occurrence (if known) _____

Did diver have a computer? YES / NO

If so, readings from computer: _____

What type of air was being used: AIR / NITROX / BLENDED

Dry suit /wet suit

Pulse: _____

Was oxygen administered? YES / NO

If so, at what rate: _____

Treatments that were administered: _____

Was an EMS agency contacted? YES / NO

Agency name: _____

Was DAN contacted? YES / NO

RELEASE OF ALL LIABILITY

I will not hold the PDRA and its members responsible for any damages that I may have occurred while diving at the quarries. I will assume all responsibility for any injuries to myself that was caused due to this incident.

REFUSAL OF TREATMENT

I, the undersigned, have refused treatment by any member of the PDRA and assume full responsibility and liability for this incident.

Printed Name: _____ Date: _____

Signature: _____ Date: _____

Witness: _____ Date: _____

Witness: _____ Date: _____

This form needs to be turned in to the PDRA Secretary-Treasurer within 48 hours following the incident.