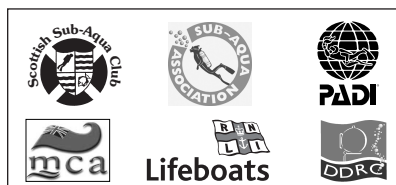


# Incident/Accident Report Form

Please Email to: [safety@bsac.com](mailto:safety@bsac.com)  
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 when incident occurred:

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:

Date	Time of surfacing	Date	Time of surfacing
Depth	Duration	Depth	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.

- 01 Fatality
- 02 Embolism
- 03 Decompression illness
- 04 Unconsciousness
- 05 Injury
- 06 Illness
- 07 Narcosis
- 08 Oxygen Poisoning
- 09 Ear problems/damage
- 10 Hypothermia
- 11 Breathlessness
- 12 Panic
- 13 Cramp
- 14 Resuscitation involved
- 15 1st aid oxygen used
- 16 Nitrox
- 17 Trimix
- 18 Rebreather
- 19 Aborted dive
- 20 Ascent using Alternative Air Source
- 21 Buoyant ascent
- 22 Free ascent (without air supply)
- 23 Controlled Buoyant Lift
- 24 Rapid ascent
- 25 Diver too buoyant
- 26 Diver too heavy in water
- 27 Out of air
- 28 Foul air
- 29 Incorrect Gas Mixture

- 30 Rough water
- 31 Cold water
- 32 Water current
- 33 Low underwater viz
- 34 Low surface viz
- 35 Bad seamanship
- 36 Good seamanship
- 37 Carelessness
- 38 Ignorance
- 39 Disregard of rules
- 40 Malice
- 41 Inadequate pre-dive check
- 42 Inadequate training
- 43 Entangled/trapped
- 44 Fire/explosion
- 45 False alarm
- 46 Good practice
- 47 Solo diving
- 48 Trio diving
- 49 Separation
- 50 Lost diver(s)
- 51 Drift diving
- 52 Training drill
- 53 Diving at altitude (above 250m)
- 54 Divers underwater
- 55 Divers on the surface

- 56 Wreck dive
- 57 Cave dive
- 58 Night dive
- 59 Snorkel dive
- 60 Boat dive
- 61 Shore dive

## Emergency Services Involved

- 62 Coastguard
- 63 Lifeboat
- 64 Helicopter
- 65 Ambulance
- 66 Hospital
- 67 Police
- 68 Fire Brigade
- 69 Recompression

## Decompression Incidents

- 70 Dive within tables
- 71 Inaccurate use of tables
- 72 Dive using BSAC 88 tables
- 73 Dive using other tables  
specify:
- 74 Dive using computer\*
- 75 Dive within computer limits
- 76 Missed decompression stops
- 77 Re-entry decompression
- 78 Repeat diving

\*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 <sub>2</sub> ) .....			
	Nitrox 36 (36% O <sub>2</sub> ) .....			
	Nitrox 50 (50% O <sub>2</sub> ) .....			
	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.

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

} For other agencies, please give titles.

### 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 \_\_\_\_\_

Please provide a written description of the events of this incident. Use additional pages if necessary.

Please submit reports by diver's partners, dive marshal and any other witnesses together with a summary of the incident leading to the accident. Copies of statements given to the police or other authorities should also be included. Please enclose any press cuttings, inquest report, etc.

Contact Email :

Report Submitted by  
Name  
Address  
  
Date

Email to: [safety@bsac.com](mailto:safety@bsac.com)