

Non-Commercial Diving Investigation Questionnaire

Below are typical interview questions that Investigating Officers should ask Masters or crew at the scene of a non-commercial diving casualty investigation.

Interview Questions

1. Case Number: _____
2. Date of accident: _____
3. Date of interview: _____
4. Location of accident: _____
5. Vessel name and number: _____

CONTACT INFORMATION

1. Name (First, Last): _____
2. Position (check):
 Victim instructor diver master crew member
 life support technician other (please specify: _____)
3. Title: _____
4. Age: _____
5. Date of Birth: _____
6. Driver's License Number: _____
7. Home Address: _____
8. Home Telephone: _____
9. Cell phone: _____
10. Email: _____
11. Employer: _____
12. Business Address: _____
13. Business Telephone: _____

EXPERIENCE LEVEL

1. Number of years experience as a non-commercial diver: _____

2. What agency did you receive your open water certification from? _____

What is your certification number? _____

3. Do you hold an advanced certification (open water, advanced open water, wreck driver, enriched air, etc)? yes no don't know

If so, which and when did you receive those qualifications?

4. How many dives have you logged (as an open water and any advanced certifications)? _____

In the last 6 months, what were the depths and purposes of these dives? _____

Were these dives in the day, night or both? _____

5. Are you a diving instructor? _____

Through which organization? (i.e. PADI, NAUI, SSI, etc.) _____

And when were you certified? _____

6. How many dives have you supervised? _____

7. Have you dived with the victim before? _____

8. Were you both breathing the same or different medium (compressed air, enriched air)?

If so, how many dives have you conducted together? _____

If so, what was the purpose of these dives (fishing, deep dive, reef, wreck, enriched gas)?

RECORDS

1. Do you have equipment maintenance records for your dive equipment?

yes no don't know

2. Do you maintain a log book?

yes no don't know

3. Do you have dive tables?

yes no don't know

4. What agency's tables do you use?

yes no don't know

5. Do you have a charted location of the diving casualty?

yes no don't know

6. Have you filled out a CG-2692 (Report of Marine Accident, Injury or Death)?

yes no don't know

7. Did you and the victim discuss your diving operation before entering the water (depth, bottom time, emergency procedures)?

yes no don't know

VICTIM HISTORY

1. How did you first meet the victim? _____

2. Describe the victim's personality? _____

3. Was the victim physically fit? yes no don't know

4. Did the victim require prescription lenses for work? yes no don't know

If so, was the victim wearing contacts during the dive? yes no don't know

If so, was the victim wearing prescription mask during the dive?

5. Did the victim smoke cigarettes? yes no don't know

6. Was there any indication the victim was using prescription drugs or over the counter drugs?
 yes no don't know

7. Did you see any sign that the victim used recreational drugs or alcohol at any time prior to the accident? yes no don't know

8. How many dives had you conducted with the victim? _____

9. How many dives of this type have you conducted? _____

10. Did victim have any special relevant education or training? yes no don't know

If yes, describe the training and organization(s): _____

11. Did you review the victim's log book to find out what their diving experience was prior to the accident? yes no

12. Was the victim involved in a previous diving accident? yes no don't know

13. Do you have the victim's personal dive log? yes no

14. Do you have a work history for the victim, dive team and vessel crew?

yes no don't know

15. Do you have the victim's medical history and copy of his last physical?

yes no don't know

EVIDENCE

1. What type of diving was the victim engaged in? _____

2. What activities preceded the accident on the day that it took place? _____

3. What was the victim's health like prior to the accident? _____

4. Had the victim made any dives during the 24 hours prior to the accident?

yes no don't know

If yes, what were the dive profiles for those dives? _____

5. Were photographs or video taken of the victim in their gear prior to the accident?

yes no don't know

6. How much experience did the victim have with the type of diving being conducted at the time of the accident? _____

7. Did you inspect the victim's gear prior to his entry into the water?

yes no don't know

8. Did you do a pre-dive briefing? yes no don't know

9. What was the weather like on the day of the accident? _____

What was the air temperature? _____

What was the water temperature? _____

What was the sea surface like? _____

What was the underwater visibility on the bottom? _____

10. Was the victim's dive recorded on video or audio? yes no don't know

11. When did you first become aware the diver had a problem? _____

12. What made you first aware the diver was having a problem? _____

13. Where was the victim recovered? _____

14. When was the victim recovered? _____

15. What position was the victim in when he was recovered? _____

16. How was the victim brought to the surface? _____

17. What dive gear was the victim wearing when recovered? _____

18. Did anyone administer CPR, and if yes, who? _____

What time did CPR start? _____

What time did CPR end? _____

Who ordered CPR to end? _____

19. Did the person who administered the CPR have any documented CPR training?

yes no don't know

20. Is CPR training current? yes no don't know

21. Was an oxygen kit present? yes no don't know

22. Was oxygen administered? yes no don't know
23. Was a first aid kit present? yes no don't know
24. Was the victim medically evacuated? yes no don't know
25. What time was the mayday/911 call made? _____
26. What time did the first rescue agency arrive on scene? _____
27. Did you inspect the victim's equipment after the accident? yes no
If yes, what did you find? _____
28. What happened to the victim's equipment after the accident? _____
29. Were there other witnesses to this accident who are not mentioned in your report?
 yes no don't know If yes, who? _____
30. Were there any articles about the accident in the newspaper or footage on local TV?
 yes no don't know
31. Did you give any statement to the coroner after the accident? yes no
32. Have you had contact with the victim or family since the accident? yes no
33. Did you make an entry in your logbook regarding this accident? yes no
34. Can you think of anything else important that I should know about this accident? _____
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GEAR INSPECTION

General information

1. Date of Gear Inspection _____
2. Location of Gear Inspection: _____
3. Parties present during inspection: _____
4. Has gear been washed or cleaned since accident? yes no don't know

Complete System

1. Is cylinder band tight? yes no don't know
2. Is cylinder band at appropriate height? yes no don't know
3. Is regulator oriented properly? yes no don't know
4. Is Buoyancy Control Device inflated? yes no don't know

Tank not present not used N/A

1. Manufacturer: _____
2. Date of Manufacture: _____
3. Serial number: _____
4. Type (Aluminum or Steel): _____
5. Capacity: _____
6. Working pressure: _____
7. Type of medium (compressed air, enriched air) : _____
If enriched air, percentage of enriched air mixture: _____
Did victim verify percentage of enriched air? yes no don't know
8. Color of tank: _____
9. Other marks: _____
10. Hydro test dates: _____
11. VIP history: _____
12. Pressure in tank: _____
13. Facility that filled tank: _____
14. General condition: _____
15. Boot: _____
16. Photos taken? yes no don't know

Tank Valve not present not used N/A

1. Manufacturer: _____
2. Serial number: _____
3. Type of valve (K, J or DIN valve) : _____
4. Condition of valve: _____
5. O-ring condition: _____
6. Operation of valve: _____
7. Number of revolutions to fully open valve: _____
8. Number of revolutions to fully close valve: _____
9. Is there any visible corrosion on the filter screen? yes no don't know
10. Photos Taken? yes no don't know
11. Other marks: _____

Air Compressor not present not used N/A

1. Manufacturer: _____
2. Date of Manufacture: _____
3. Model #: _____
4. Serial Number: _____
5. Volume of Tank: _____
6. Operation of Air Compressor: _____
7. Location of Air Compressor during accident: _____
8. Type of Valve: _____
9. Condition of Valves: _____
10. Operation of valves: _____
11. Belt Condition: _____
12. Fuel tank: _____
13. Oil Level Compression: _____
14. Oil Level Drive: _____
15. Photos Taken of Air compressor, valves or oil level? yes no don't know

16. Where are the inspection records for air compressor? _____

17. Any other marks on compressor? yes no don't know

Dry suit inspection not present not used N/A

1. Manufacturer: _____

2. Date of Manufacture: _____

3. Model #: _____

4. Serial Number: _____

5. In-service date: _____

6. Size: _____

7. Color: _____

8. Condition: _____

9. Type of suit: _____

10. Zipper manufacturer/condition: _____

11. Inflator valve manufacturer/condition: _____

12. Exhaust valve manufacturer/condition: _____

13. Hood type/condition (hood with bib or hooded vests): _____

14. Zipper condition/function: _____

15. Wrist seals type/condition: _____

16. Neck seal type/condition: _____

17. Yoke type/condition: _____

18. Boot type/condition: _____

19. Inflator hose: _____

20. Contents of right pocket: _____

21. Contents of left pocket: _____

22. Does suit leak? yes no don't know

23. Photos taken of dry suit? yes no don't know

Wet Suit not present not used N/A

1. Manufacturer: _____

2. Date of Manufacture: _____

3. Model #: _____

4. Serial Number: _____
5. Color(s): _____
6. Style: _____
7. Size: _____
8. Thickness (3mm, 5mm, 7mm): _____
9. Hood type/condition:(hood with bib or hooded vests): _____
10. General condition: _____
11. Jacket Zip Condition: _____
12. FJ Zipper Condition: _____
13. Beaver Tail Closure: _____
14. Closure condition: _____
15. Comments: _____
16. Photos Taken? yes no don't know

Regulator Assembly not present not used N/A

1. Manufacturer: _____
2. Date of Manufacture: _____
3. Model #: _____
4. In-service date: _____
5. First Stage
 - Serial number: _____
 - Condition: _____
 - Filter condition: _____
 - Environmental cap: _____
 - Color: _____
 - Relief valve: _____
 - Pressure gauge: _____
 - Tank pressure: _____
 - Shop ID marks: _____
6. Primary Second Stage
 - Manufacturer: _____
 - Model: _____

Serial number: _____
Color & Shop ID marks: _____
Condition: _____
Condition mouthpiece lugs: _____
Condition tie-wrap: _____
Position of the breath demand sensitivity selector, if equipped _____

7. Octopus Second Stage

Manufacturer: _____
Model: _____
Serial number: _____
Color: _____
Shop ID marks: _____
Condition: _____
Condition mouthpiece lugs: _____
Condition tie-wrap: _____
Position of the breath demand sensitivity selector, if equipped: _____

8. Inflator Hose

For BC, what is condition? _____
For Dry Suit, what is condition? _____
Are there any other devices included in pressure gauge consol (depth, computer, etc.)?

11. Photo Taken of

Primary second stage yes no don't know
Octopus second stage yes no don't know
Inflator hose yes no don't know
High pressure hose for pressure gauge yes no don't know

Bail Out Cylinder (or pony bottle) not present not used N/A

1. Manufacturer: _____
2. Date of Manufacture: _____
3. Serial Number: _____
4. Type (Aluminum, Steel, etc): _____
5. Capacity: _____

6. Working Pressure: _____
7. Number of revolutions to open/close tank valve: _____
8. Other marks: _____
9. Hydrostatic Test dates: _____
10. Internal visual inspection history: _____
11. Pressure in tank: _____
12. General condition: _____
13. Boot: _____
14. Photo taken? yes no don't know

Cylinder Valve not present not used N/A

1. Manufacturer: _____
2. Type of valve (K, J or DIN valve): _____
3. O-ring condition: _____
4. Operation of valve: _____
5. Photo taken: yes no don't know
6. Number of turns to fully open: _____
7. Serial number: _____
8. Photo taken? yes no don't know

Buoyancy Control Device not present not used N/A

1. Manufacturer: _____
2. Model Name: _____
3. Serial Number: _____
4. In-service date: _____
5. Bladder type (Jacket Style or back inflation): _____
6. Is buoyancy compensator bladderless? yes no don't know
7. Were any repairs made to the BCD? yes no don't know
8. Last service date for BCD? _____
9. Did BCD have weights incorporated (integral)? yes no don't know
10. How much weight was in jettison compartments?
11. How much weight was in non-jettison compartment (usually located on back of BCD)?

12. Condition: _____
13. Size: _____
14. Color: _____
15. Other marks: _____
16. Photo taken: yes no don't know
17. Lift capability: yes no don't know
18. Corrugated hose attachment: _____
19. Condition of waist belt: _____
20. Condition of chest strap: _____
21. Condition of shoulder straps: _____
22. Condition of cylinder band: _____
23. Contents of right pocket: _____
24. Contents of left pocket: _____
25. Items clipped to buoyancy compensator: _____
26. Strap condition: _____
27. Strap properly threaded: _____
28. Photo taken: yes no don't know

Buoyancy Compensator Function Tests N/A not performed

1. Does BC hold air? yes no don't know
2. Does power inflator function properly? yes no don't know
3. Does manual inflator function properly? yes no don't know
4. Does overpressure relief work? yes no don't know
5. Does overpressure relief (dump) valve work? yes no don't know
6. Notes: _____

Diver's Harness not present not used N/A

1. General condition: _____
2. Snap Hook Function: _____
3. Jock Strap Present? yes no don't know
4. Photo Taken? yes no don't know

Power Inflator not present not used N/A

1. General condition: _____
2. Manufacturer: _____
3. Number tie-wraps: _____
4. Serial number: _____
5. Other marks: _____
6. Mouthpiece condition: _____
7. Wraps: _____
8. Photo Taken? yes no don't know

Diver's Breathing Gas Manifold not present not used N/A

1. Manufacturer: _____
2. Pneumo Gauge Range: _____
3. Pneumo Gauge Model: _____
4. Pneumo Gauge Manufacturer: _____
5. Last Calibration of Pneumo #1: _____
6. Last Calibration of Pneumo #2: _____
7. Number of regulators: _____
8. Do regulator adjustments turn freely? yes no don't know
9. Do ball valves turn freely? yes no don't know
10. Photos Taken? yes no don't know

Weight belt (refer to BCD if integrated) not present not used N/A

1. Type of belt (nylon or rubber): _____
2. Type of buckle: _____
3. Type of weights (bullet, block or soft): _____
4. Number of weights: _____
5. Color of weights: _____
6. Total weight: _____
7. Weight keepers condition: _____

8. Clips & accessories: _____

9. Weight distribution: _____

10. Weight release function: _____

11. Photos Taken? yes no don't know

Mask not present not used N/A

1. Manufacturer: _____

2. Model: _____

3. Color: _____

4. Condition (leaks, cracks, scratches, etc) : _____

5. Purge valve type/condition: _____

6. Strap condition: _____

7. Does mask have prescription lenses? yes no don't know

8. Photos Taken? yes no don't know

Snorkel not present not used N/A

1. Manufacturer: _____

2. Model: _____

3. Color: _____

4. Purge valve type/condition: _____

5. Photos Taken? yes no don't know

Fins not present not used N/A

1. Manufacturer: _____

2. Model: _____

3. Size: _____

4. Color: _____

5. General condition: _____

6. Strap condition: _____

7. Photos Taken? yes no don't know

Breathing Umbilical (if divers using hookah rig) not present not used N/A

1. Manufacturer: _____
2. Manufacture Date: _____
3. Model Number: _____
4. Serial Number: _____
5. Color: _____
6. In-Service Date: _____
7. Condition: _____
8. Company ID marks: _____
9. Length: _____
10. Photo Taken? yes no don't know
11. Air hose: _____
12. Communication Wire: _____
13. Pneumo Hose: _____
14. Strength Member: _____
15. Hot Water Hose: _____
16. Topside Air Hose Fitting: _____
17. Diver's End Air Hose Fitting: _____
18. Topside Pneumo Hose Fitting: _____
19. Topside Communications: _____
20. Diver's End Communications: _____
21. Hot Water Topside: _____
22. Divers End Hot Water: _____
23. D-Ring and Seizing: _____

Communications System not present not used N/A

1. Manufacturer: _____
2. Manufacture Date: _____
3. Model #: _____
4. Serial #: _____
5. General Condition: _____

6. Does communications system work? yes no don't know

7. Photo taken? yes no don't know

Dive Computer not present not used N/A

1. Manufacturer: _____

2. Model number: _____

3. Serial number: _____

4. Color: _____

5. In-service date: _____

6. Condition: _____

7. Shop ID marks: _____

8. Battery condition: _____

9. Service information: _____

10. Photo taken? yes no don't know

11. Readings

Dive#	Date	Time of Day	Depth	Bottom Time	Ascent Rate	Surface Interval Time
Dive #1						
Dive #2						
Dive #3						
Dive #4						
Dive #5						
Dive #6						
Dive #7						
Dive #8						
Dive #9						
Dive #10						

Instrument Console not present not used N/A

1. Manufacturer: _____
2. Depth gauge: _____
3. Dept gauge model: _____
4. Depth gauge serial number: _____
5. Max depth indicator reading: _____
6. Range of depth gauge: _____
7. Does gauge read zero? yes no don't know
8. General condition: _____
9. Photo taken? yes no don't know
10. Compass: _____

Submersible Pressure Gauge not present not used N/A

1. Range: _____
2. Manufacturer: _____
3. Serial number: _____
4. Does gauge read zero? yes no don't know
5. Condition: _____
6. Photo taken: yes no don't know
7. Slate present (for notes)? yes no don't know
8. Markings on slate? _____

Maintenance Records not present not used N/A

1. Helmet: _____
2. Air compressor: _____
3. Dry suit: _____
4. Bail-out regulator: _____
5. Buoyancy Compensator: _____
6. Cylinder: _____
7. Power inflator: _____
8. Dive Computer: _____

9. other: _____

Investigating Officer: _____