

PLEASE COMPLETE AND SEND IMMEDIATELY TO YOUR PADI OFFICE

OFFICE USE ONLY	
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INCIDENT REPORT FORM

THIS REPORT IS PREPARED FOR THE PURPOSE OF RECEIVING LEGAL ADVICE OR FOR USE IN ANTICIPATED LITIGATION.

Date of Incident	Day/Month/Ye	Tir	me		□ p.m.		
☐ Fatal ☐ Non-Fatal	☐ Trainin☐ Non-Tr	g	Recreational Dive	☐ Divi	ing n-Diving	☐ Freediving ☐ Skindiving/S	norkeling
Extent of injury	if known						
VICTIM/IN	JURED PARTY IN	VFORMATIO	N (Please print cle	arly.)			
			Initial		Last		
Ü							
City		Sto	ate/Province	Country	Zi	p/Postal Code _	
Phone ()				Age	Height	Weig	ht
Occupation _				Gender	☐ Male ☐ Femo	ıle	
Next of Kin				Relationship			
Phone ()				Contacted	☐ Yes ☐ No		
If previously co	ertified: Agency		Certification l	_evel	C	ertification Date	Day/Month/Year
	Δ	II MEASUREME	NTS IN THIS REPORT A	ARE: METRIC	C IMPERIAL		Day/Month/ fear
		,					
LOCATION	OF INCIDENT _						
City			State	e/Province	Country		
Name of Dive S	Site		🗆 s	Shore Boat Ocean Lake Quarry Altitude			
Other			Dept	Depth incident started			
Water temperat	rure°C	_°F Visibility	/ Curr	Current Surface conditions			
•	JURED PARTY'S I						
		•	e incident, recorded as ve ve profile in your inform		•		
•			ide computer log if avai			., 0 109, 2022, 0 10	
DATE	BOTTOM TIME	DEPTH	SURFACE INTERVAL	DATE	BOTTOM TIME	DEPTH	SURFACE INTERVAL
							
							
						OFFICE USE	ONLY

PLEASE COMPLETE IF DIVER UNDER INSTRUCTION		
Instructor's Name	l net	Member No
Insured: Yes No If yes: Name of Agent or Broker		
Contact Number ()		
Name of Dive Course	Dive #	Skill
Class Size Training Agency	_	
Dive Center/Resort Name		Member No
Insured: Yes No If yes: Name of Agent or Broker		
Assistant's NameFirst Initial	Last	Member No
Insured: Yes No If yes: Name of Agent or Broker		
PLEASE SUBMIT A COPY OF ALL TRAINING RECORDS WITH THIS REPORT		
	ractices Statement of Unders	•
•	,	on-agency Acknowledgment Form
ALSO SUBMIT ALL OTHER DOCUMENTS RELEVANT TO THE	COURSE OR DIVE ACTIVE	VITY
PLEASE COMPLETE IF DIVER UNDER SUPERVISION		
Dive Group Size		
•		M 1 N
Dive Guide's NameFirst Initial	Last	Member No
Insured: Yes No If yes: Name of Agent or Broker		
Dive Center/Resort Name		Member No
Contact Number ()	_ Email	
Insured: Yes No If yes: Name of Agent or Broker		
PLEASE SUBMIT A COPY OF ALL DOCUMENTS RELATING	TO ACTIVITY SUCH AS LIAE	BILITY RELEASES, ETC.
DIVE CENTER/RESORT/BOAT INFORMATION (If not provided	previously.)	
Name of Dive Center/Resort	·	Member No
Contact Number ()	Email	
Insured: Yes No If yes: Name of Agent or Broker		
Name of Boat		
Boat insurance: Yes No If yes: Name of Agent		
EQUIPMENT OF VICTIM/INJURED PARTY		
If rented, name of rental party		Mombar No.
Compressed Air EANx% Other		
Rebreather – Type and make:		
☐ Wet Suit, thickness ☐ Dry Suit ☐ Weights, c	mount	Equipment: Owned Rented
Dive computer used:		
Other tables, type		
Tank pressure: Start of dive End of dive		

				A4 1 A1
Name of Rescuer	First	Initial	Last	Member No
Additional Rescuers				
Victim was found: On Surfa	ce 🗌 On Botto	om Depth	Other	
Emergency care administered at	he scene: 🗌 Yes [□ No Oxygen admini	stered at scene: 🗆 Yes 🗀 No	CPR administered: ☐ Yes ☐ No
Was AED used at the scene:	Yes 🗌 No			
Transportation: Ambulance	☐ Air	Other		
Recompression: Yes No	Hospitalization	: Yes No		
Name of treating facility				
0 ,				
Name of treating physician				
Name of treating physician INCIDENT REPORT COMI Name	PLETED BY: (If d	lifferent than above men	nbers.)	
Name of treating physician INCIDENT REPORT COMI Name	PLETED BY: (If d	lifferent than above men	Last Email	Member No
INCIDENT REPORT COMINAME Phone Number () Involvement in incident: IF REPORT WAS COMPLETED E	PLETED BY: (If d	lifferent than above men	Last _ Email ETE SECTION BELOW	Member No
INCIDENT REPORT COMINAME Phone Number () Involvement in incident: IF REPORT WAS COMPLETED E	PLETED BY: (If d	Initial EMBER, PLEASE COMPLE	Last Email ETE SECTION BELOW	Member No
INCIDENT REPORT COMINAMEFINCIDENT REPORT COMINAMEFINCIDENT REPORT COMINAMEFINCIDENT NUMBER ()FINCIDENT NUMBER ()FINCIDENT NUMBER ()FINCIDENT NUMBER ()FINCIDENT NUMBER ()FINCIDENT NUMBER ()	PLETED BY: (If d	Iifferent than above men	Last Email ETE SECTION BELOW State/Province	Member No

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Please describe in detail what happened. Use additional sheets of paper if necessary to provide a complete account, and attach diagrams and photographs if available. Be certain to include all of the information you have obtained about the incident and include whether or not statements were taken by authorities. Be sure to include the identity and contact information for all witnesses and crew members, as well as boat rosters, class lists and other documents containing witness contact information. Attach any witness reports if available.

PLEASE PRINT NARRATIVE OF INCIDENT LEGIBLY OR TYPE

Member Name	Member No
Signature	Date Completed

If you have any questions, please call your PADI Regional Headquarters.

PADI Americas/PADI Canada

30151 Tomas
Rancho Santa Margarita
CA , 92688 USA
800 729 7234 (US and Canada), ext. 2413
+1 949 858 7234, ext. 2413
FAX +1 949 267 1255
Email: incident@padi.com

PADI Europe, Middle East & Africa

The Pavilions
Bridgewater Road
Bristol BS1 8AE,
United Kingdom
+ 44 117 300 7234
FAX + 44 117 300 7245
Email: incident.emea@padi.com

PADI Asia Pacific

Unit 3, 4 Skyline Place Frenchs Forest, NSW 2086 Sydney, Australia + 61 2 9454 2855, ext. 841 FAX + 61 2 9454 2999 Email: incident@padi.com.au

PADI Japan

1-20-1 Ebisu - Minami Shibuya-ku Tokyo 150-0022 Japan + 81 3 5721 1731 FAX + 81 3 5721 1735 Email: qualitya@padi.co.jp