1. INITIAL REPORT AND NOTIFICATIONS

Use for suspected or confirmed exposure to contaminated water, blood/OPIM, sewage, chemicals, biological hazards, sharps, hazardous materials, or dive-related injury or illness.

A. REPORT CONTROL

Agency incident / CAD number

Exposure report number

Related diver record / dive log number

Date of incident

Exposure time

Time reported

Location / water body

Report classification

- ☐ Initial
- ☐ Supplemental
- ☐ Final
- ☐ Near miss / no confirmed exposure
- ☐ Training

B. EXPOSED MEMBER / DIVER INFORMATION

Name (last, first, middle)

Employee number

Rank / title

Shift / station

Team position during event

Diver certification level

Diver number

Supervisor / dive supervisor

Operational role

- ☐ Primary diver
- ☐ Backup / 90% diver
- ☐ Tender
- ☐ Dive supervisor
- ☐ Boat operator
- ☐ Shore support
- ☐ Other

Personal phone (optional / agency policy)

Preferred follow-up contact / email

C. IMMEDIATE NOTIFICATIONS AND DISPOSITION

Exposure recognized by

- ☐ Diver
- ☐ Tender
- ☐ Supervisor
- ☐ EMS
- ☐ Other member
- ☐ Medical provider
- ☐ Later / delayed report

Time dive supervisor notified

Time command notified

Time safety officer notified

Time EMS / medical control notified

Initial disposition

- ☐ Emergency transport
- ☐ Urgent same-day evaluation
- ☐ Occupational health referral
- ☐ On-scene evaluation only
- ☐ Documentation / monitor
- ☐ Refused evaluation

EMS unit / agency

Receiving facility / clinic

Transport time

Return-to-service time

D. BRIEF EXPOSURE SUMMARY

Briefly describe what occurred and the suspected exposure:

Attachments initiated

- ☐ Dive profile / computer download
- ☐ Photographs / video
- ☐ Water / material sample
- ☐ Patient care report
- ☐ Medical paperwork
- ☐ Equipment quarantine tag
- ☐ Other

2. DIVE PROFILE, SCENE CONDITIONS, AND EVENT NARRATIVE

Document the operational context even when the exposure appears minor. Include pre-dive conditions, changes during the dive, and the exact moment exposure was recognized.

A. DIVE PROFILE

Entry time | Surface time | Bottom time | Maximum depth | Average depth / profile notes

Water temperature | Air temperature | Visibility | Current / flow | Weather

Breathing system

- ☐ Open-circuit SCUBA
- ☐ Surface-supplied air
- ☐ Full-face mask
- ☐ Half-mask / mouthpiece
- ☐ Positive-pressure FFM
- ☐ Other

Dive mode / task

- ☐ Search
- ☐ Recovery
- ☐ Rescue
- ☐ Evidence
- ☐ Vehicle
- ☐ Body recovery
- ☐ Inspection
- ☐ Training
- ☐ Support / standby
- ☐ Other

Search pattern / line system | Primary tender | Backup diver / rapid intervention diver

B. WATER BODY AND CONTAMINATION INDICATORS

Water environment

- ☐ River / stream
- ☐ Lake / pond
- ☐ Retention pond
- ☐ Canal / drainage ditch
- ☐ Floodwater
- ☐ Wastewater / sewage
- ☐ Industrial water
- ☐ Brackish / estuary
- ☐ Salt water
- ☐ Pool / treated water
- ☐ Confined-space water
- ☐ Unknown

Observed or reported indicators

- ☐ Visible sewage / fecal matter
- ☐ Strong sewage odor
- ☐ Dead animals / fish
- ☐ Fuel or petroleum sheen
- ☐ Chemical odor / vapors
- ☐ Unusual color / turbidity
- ☐ Foam / sludge
- ☐ Algae / cyanobacteria concern
- ☐ Agricultural runoff
- ☐ Animal urine / heavy wildlife activity
- ☐ Medical waste / sharps
- ☐ Human remains / decomposition
- ☐ Fire runoff / ash
- ☐ Industrial discharge
- ☐ Pesticide / herbicide concern
- ☐ Unknown contaminant

Known facility, spill, discharge, upstream source, product name, placard, SDS, or witness information:

C. OTHER SCENE HAZARDS

- ☐ Entanglement
- ☐ Confined space / overhead
- ☐ Sharp metal / glass
- ☐ Fishing line / hooks
- ☐ Electrical hazard
- ☐ Unstable vehicle / structure
- ☐ Strong current
- ☐ Low-head dam / hydraulics
- ☐ Boat traffic
- ☐ Low visibility / blackout
- ☐ Cold stress
- ☐ Heat stress
- ☐ Drowning / near-drowning
- ☐ Animal / reptile hazard
- ☐ Explosive / ammunition
- ☐ Radiological concern
- ☐ Biohazard / human remains
- ☐ Other

Hazard controls used, unavailable, or found ineffective:

3. DETAILED EVENT NARRATIVE AND TIMELINE

Document the sequence in enough detail for medical review, equipment investigation, and operational learning. Use supplemental pages when the event cannot be fully described here.

A. DETAILED CHRONOLOGICAL NARRATIVE

Describe briefing, risk assessment, PPE selection, entry, task, exposure mechanism, barrier failure or contact, recognition, exit, first aid, decon, symptoms, and notifications:

B. KEY EVENT TIMELINE

TIME	EVENT / OBSERVATION	ACTION TAKEN	PERSON / UNIT

C. SUPPLEMENTAL EVENT DOCUMENTATION

- ☐ Supplemental narrative attached
- ☐ Witness statement attached
- ☐ Dive-computer download attached
- ☐ Photographs / video attached
- ☐ Body / exposure diagram attached
- ☐ Equipment failure report attached
- ☐ Medical / EMS report attached
- ☐ Other

4. EXPOSURE CHARACTERIZATION

Identify every plausible route and substance. Check unknown when the contaminant cannot be reasonably identified; do not delay medical evaluation while attempting to identify it.

A. ROUTE OF EXPOSURE

- ☐ Intact skin contact
- ☐ Non-intact skin / wound
- ☐ Mucous membrane - eye
- ☐ Mucous membrane - nose
- ☐ Mucous membrane - mouth
- ☐ Ingestion / swallowed water
- ☐ Inhalation / aerosol / vapor
- ☐ Aspiration / near-drowning
- ☐ Needlestick / sharps
- ☐ Puncture / laceration
- ☐ Bite / sting
- ☐ Injection under pressure
- ☐ Thermal contact
- ☐ Unknown

Exposure occurred

- ☐ Underwater
- ☐ At surface
- ☐ During entry / exit
- ☐ During patient / evidence handling
- ☐ During decon
- ☐ During equipment handling
- ☐ Unknown

B. BODY AREA(S) AND SKIN CONDITION

- ☐ Scalp / hair
- ☐ Face
- ☐ Eyes
- ☐ Ears
- ☐ Nose
- ☐ Mouth / lips
- ☐ Neck
- ☐ Chest / abdomen
- ☐ Back
- ☐ Groin
- ☐ Arms
- ☐ Hands / fingers
- ☐ Legs
- ☐ Feet / toes
- ☐ Whole body
- ☐ Other

Skin condition before exposure

- ☐ Intact
- ☐ Cut / abrasion
- ☐ Puncture
- ☐ Rash / dermatitis
- ☐ Recent tattoo / procedure
- ☐ Macerated skin
- ☐ Unknown

Exact body location, wound size/depth, prior skin condition, and whether covered before the dive:

C. SUSPECTED MATERIAL / HAZARD CATEGORY

- ☐ Sewage / wastewater
- ☐ Blood or other potentially infectious material (OPIM)
- ☐ Human remains / decomposition fluid
- ☐ Animal waste / urine
- ☐ Floodwater / storm runoff
- ☐ Freshwater microorganisms
- ☐ Salt / brackish-water microorganisms
- ☐ Mold / fungal material
- ☐ Algae / cyanobacteria
- ☐ Petroleum / gasoline / diesel
- ☐ Oil / hydraulic fluid
- ☐ Solvent / degreaser
- ☐ Pesticide / herbicide
- ☐ Fertilizer / agricultural chemical
- ☐ Acid / caustic
- ☐ Oxidizer / disinfectant
- ☐ Firefighting foam / runoff
- ☐ Heavy metal / industrial sludge
- ☐ Radiological material
- ☐ Unknown chemical
- ☐ Sharps / contaminated object
- ☐ Other

Product / organism / material name | UN / NA / CAS number | Estimated concentration | Estimated duration

Information source (SDS, facility, witness, lab, visual, unknown) | Odor / color / physical description

5. SOURCE PERSON, BLOODBORNE PATHOGEN, AND SAMPLE INFORMATION

Use source identifiers and case numbers instead of unnecessary names. Preserve confidentiality and maintain sample or evidence chain of custody according to agency procedure.

A. SOURCE PERSON / BLOODBORNE PATHOGEN INFORMATION

Source status

- ☐ Not applicable
- ☐ Known / identifiable
- ☐ Unknown
- ☐ Deceased
- ☐ Testing requested
- ☐ Testing unavailable
- ☐ Confidential record referenced

Source identifier or patient-care report number

Law-enforcement / case number

Medical facility / source-testing contact

Blood/OPIM circumstances: type of fluid, visible blood, device/object involved, depth of puncture, barrier condition, and source information available to occupational health:

B. ENVIRONMENTAL OR MATERIAL SAMPLE

Sample collected

- ☐ No
- ☐ Yes - water
- ☐ Yes - material / residue
- ☐ Yes - swab / equipment
- ☐ Requested / pending

Sample / evidence number

Collected by / date / time

Laboratory / destination

Result status / report reference

Sample location, collection method, container, preservation, seal condition, chain-of-custody transfer, and laboratory instructions:

C. INFORMATION PROVIDED FOR MEDICAL / ADMINISTRATIVE REVIEW

- ☐ Source identifier / case number provided
- ☐ Blood / OPIM type documented
- ☐ Device or object retained
- ☐ SDS / chemical information provided
- ☐ Sample or laboratory report pending
- ☐ Exposure route and body area documented
- ☐ PPE breach information provided
- ☐ Confidential records transmitted separately

Additional source, sample, confidentiality, or records-transfer notes:

6. PPE AND EQUIPMENT CONFIGURATION

Record the actual protective ensemble and operational equipment used. Include model and serial information when a failure, contamination, or quarantine decision is involved.

A. ENSEMBLE CONFIGURATION

Primary exposure-protection configuration

- ☐ Dry suit - contaminated-water rated
- ☐ Dry suit - general diving
- ☐ Wet suit
- ☐ Full-face mask
- ☐ Positive-pressure full-face mask
- ☐ Helmet / surface-supplied system
- ☐ Dry gloves
- ☐ Wet gloves
- ☐ Hard-soled boots
- ☐ Hood
- ☐ Encapsulating / chemical overlay
- ☐ No specialized contaminated-water ensemble
- ☐ Other

Suit / ensemble manufacturer and model

Inspection date

Assigned / shared / borrowed

Full-face mask / helmet model

Primary regulator / air system

Communications system

B. PPE / EQUIPMENT ITEM-BY-ITEM REVIEW

ITEM	MANUFACTURER / MODEL / SERIAL	USED	BREACH	CONTAM.	QUAR.	NOTES
Dry suit / wet suit		☐	☐	☐	☐	
Full-face mask / helmet		☐	☐	☐	☐	
Primary regulator / comms		☐	☐	☐	☐	
BCD / harness / bailout		☐	☐	☐	☐	
Gloves / dry-glove system		☐	☐	☐	☐	
Hood / neck seal		☐	☐	☐	☐	
Boots / fins		☐	☐	☐	☐	
Thermal undergarments		☐	☐	☐	☐	
Weights / harness		☐	☐	☐	☐	
Cylinder / valve / air source		☐	☐	☐	☐	
Tender line / umbilical		☐	☐	☐	☐	
Cutting / evidence / other gear		☐	☐	☐	☐	

C. PRE-DIVE INSPECTION / FUNCTION CHECK

- ☐ Documented pre-dive inspection completed
- ☐ Suit / seals checked
- ☐ Mask / FFM positive and negative check
- ☐ Regulator / bailout tested
- ☐ Communications tested
- ☐ Tender line / umbilical inspected
- ☐ No defect identified before dive
- ☐ Pre-existing defect documented
- ☐ Configuration changed during operation
- ☐ Other

Pre-dive defects, adjustments, substitutions, or limitations:

7. PPE BREACH AND EQUIPMENT CONTROL

A suspected PPE failure should be documented even when contamination is not visible. Preserve evidence for investigation, repair, and return-to-service review.

A. BREACH / FAILURE DETAILS

- ☐ Puncture / tear
- ☐ Seal or zipper failure
- ☐ Glove separation
- ☐ Hood / neck-seal displacement
- ☐ Mask / helmet leak
- ☐ Regulator contamination
- ☐ Communication failure
- ☐ Umbilical / line damage
- ☐ Suit flooding
- ☐ Unexpected doffing / removal
- ☐ Direct skin contact
- ☐ Unknown point of entry
- ☐ No confirmed breach
- ☐ Other

Time breach recognized | Equipment item / location | Approximate depth | Task being performed

Describe the breach, member response, exit, emergency actions, and evidence preserved:

B. CONTRIBUTING FACTORS

- ☐ Pre-existing damage
- ☐ Improper fit / sizing
- ☐ Incorrect assembly
- ☐ Maintenance or inspection issue
- ☐ Sharp object / snag
- ☐ Entanglement
- ☐ Excessive pressure / loading
- ☐ Abrasion / wear
- ☐ Chemical incompatibility
- ☐ Cold-related stiffness
- ☐ Visibility / communication problem
- ☐ Time pressure / operational urgency
- ☐ Training or procedure gap
- ☐ Unknown
- ☐ Other

Contributing-factor details and immediate corrective measures:

C. EQUIPMENT CONTROL / CHAIN OF CUSTODY

- ☐ Removed from service
- ☐ Bagged / sealed
- ☐ Tagged with exposure number
- ☐ Separated from clean equipment
- ☐ Photographed before decon
- ☐ Supervisor notified
- ☐ Safety officer notified
- ☐ Manufacturer / vendor contacted
- ☐ Evidence / law-enforcement hold
- ☐ Released for decon
- ☐ Released for inspection
- ☐ Other

Quarantine / evidence tag number | Person assuming custody | Date / time transferred | Storage location

Photographs, condition on collection, packaging, preservation, and custody notes:

8. EQUIPMENT DECONTAMINATION AND RELEASE

Document actual decontamination measures, inspection, repair, testing, and release decisions for contaminated or potentially contaminated equipment.

A. EQUIPMENT DECONTAMINATION

- ☐ Gross rinse performed
- ☐ Manufacturer-compatible cleaning
- ☐ Detergent wash
- ☐ Disinfection performed
- ☐ Rinse after disinfectant
- ☐ Drying completed
- ☐ Internal components addressed
- ☐ Communications components addressed
- ☐ Regulator / breathing loop protected
- ☐ Cylinders / valves addressed
- ☐ Tender line / umbilical addressed
- ☐ Tools / evidence gear addressed
- ☐ Wastewater contained
- ☐ Runoff controlled
- ☐ PPE worn by decon personnel
- ☐ No decon - evidence hold
- ☐ Other

Cleaning / disinfectant product | Dilution / concentration | Contact time | Water temperature / method

Decon start date / time | Completion date / time | Decon supervisor | Location

Components opened, sealed, discarded, bagged, dried, repaired, replaced, or sent for service:

B. EQUIPMENT RELEASE / DISPOSITION LOG

EQUIPMENT / TAG	DATE / TIME	INSPECTED BY	DISPOSITION	RETURN-TO-SERVICE BASIS

C. RELEASE CRITERIA AND AUTHORIZATION

- ☐ Visual inspection satisfactory
- ☐ Function test satisfactory
- ☐ Leak / pressure test satisfactory
- ☐ Manufacturer or service-center approval
- ☐ Repair completed and documented
- ☐ Replacement required
- ☐ Disposed / destroyed
- ☐ Retained for evidence
- ☐ Further evaluation pending
- ☐ Other

Final restrictions, limitations, retest requirements, and authorization notes:

9. INITIAL ASSESSMENT AND IMMEDIATE FIRST AID

Document condition at exit, initial symptoms, assessment findings, immediate exposure-control steps, oxygen use, treatment, and refusal or transfer decisions.

A. CONDITION AT EXIT / INITIAL ASSESSMENT

General condition

- ☐ Alert / oriented
- ☐ Distressed
- ☐ Confused / altered
- ☐ Unresponsive
- ☐ Ambulatory
- ☐ Assisted from water
- ☐ No apparent symptoms

Assessment time	Pulse	Blood pressure	Respirations	SpO2	Temperature	Blood glucose	Pain score

Initial findings / symptoms

- ☐ No symptoms
- ☐ Eye irritation
- ☐ Skin irritation
- ☐ Open wound
- ☐ Needlestick / puncture
- ☐ Nausea / vomiting
- ☐ Diarrhea / abdominal pain
- ☐ Cough / wheezing
- ☐ Shortness of breath
- ☐ Chest pain
- ☐ Dizziness / balance problem
- ☐ Headache
- ☐ Weakness / numbness / tingling
- ☐ Joint / limb pain
- ☐ Ear pain / pressure
- ☐ Sinus pain / pressure
- ☐ Vision / hearing change
- ☐ Hypothermia / cold stress
- ☐ Heat stress
- ☐ Near-drowning / aspiration concern
- ☐ Other

Assessment findings, affected body areas, neurologic / respiratory condition, and changes over time:

B. IMMEDIATE FIRST AID / EXPOSURE CONTROL

- ☐ Removed from exposure
- ☐ Contaminated PPE controlled
- ☐ Gross decon performed
- ☐ Eyes irrigated
- ☐ Wound washed / irrigated
- ☐ Bleeding controlled
- ☐ Clean dressing applied
- ☐ 100% oxygen administered
- ☐ Airway support
- ☐ CPR / AED
- ☐ Kept warm / cold-stress care
- ☐ Heat-stress cooling
- ☐ Spinal precautions
- ☐ Poison center / medical control contacted
- ☐ DAN / hyperbaric consultation contacted
- ☐ No immediate care required
- ☐ Other

Oxygen device / flow rate / duration	Irrigation duration / solution	First-aid provider(s)

Response to treatment, changes in condition, refusal, medical-control orders, and time care transferred:

10. PERSONAL DECONTAMINATION AND MEDICAL HANDOFF

Document the decontamination actually completed. Do not apply equipment disinfectants to skin; use medical or product-specific guidance for unusual chemical exposures.

A. DECONTAMINATION LEVEL / LOCATION

- ☐ Gross decon at scene
- ☐ Emergency decon
- ☐ Hospital / clinic decon
- ☐ Not completed
- ☐ Technical decon corridor
- ☐ Station decon
- ☐ Warm-zone assisted doffing
- ☐ Not indicated

Start time | Completion time | Decon supervisor / attendant(s)

B. PERSONAL DECONTAMINATION STEPS

- ☐ Controlled doffing
- ☐ Hair / scalp washed
- ☐ Hands / nails cleaned
- ☐ Secondary decon performed
- ☐ No disinfectant applied to skin
- ☐ Outer PPE bagged / contained
- ☐ Eyes flushed
- ☐ Clean clothing issued
- ☐ Cross-contamination check
- ☐ Other
- ☐ Shower with soap and clean water
- ☐ Open wounds washed
- ☐ Contaminated laundry isolated
- ☐ Privacy / warming measures provided

Soap / cleanser / product used | Dilution / concentration | Contact time | Water source / temperature

Body-specific care

- ☐ Eyes irrigated
- ☐ Mouth rinsed - no swallowing
- ☐ Open wound irrigated
- ☐ Ear canal exposure reported
- ☐ Skin rechecked after shower
- ☐ Contact lenses removed
- ☐ Nasal exposure reported
- ☐ Wound covered after cleaning
- ☐ Hair / beard contamination addressed
- ☐ No body-specific care needed

Decon problems, delayed decon, skin damage, missed areas, member discomfort, or suspected cross-contamination:

C. CONTAMINATED CLOTHING / PERSONAL PROPERTY

- ☐ Bagged and labeled
- ☐ Sent to approved laundry
- ☐ Personal vehicle protected / decontaminated
- ☐ No property contamination identified
- ☐ Washed separately
- ☐ Disposed
- ☐ Station shower / locker area inspected
- ☐ Other

Clothing / property disposition, bag or tag number, and person assuming custody:

D. TRANSPORT / MEDICAL HANDOFF

Care transferred to (name / agency) | Handoff date / time | Medical control / receiving contact

Information sent: contaminant/SDS, dive profile, exposure route, decon, symptoms, treatment, source information, and equipment data:

11. MEDICAL AND OCCUPATIONAL HEALTH EVALUATION

Complete administrative sections without recording unnecessary diagnoses. Attach confidential provider documents separately according to agency policy.

A. EVALUATION DETAILS

Evaluating facility / occupational health clinic

Provider name / contact

Evaluation date / time

Evaluation basis

- ☐ Blood / OPIM exposure
- ☐ Contaminated-water exposure
- ☐ Chemical exposure
- ☐ Sharps / puncture
- ☐ Dive injury / pressure-related symptoms
- ☐ Respiratory exposure
- ☐ Skin / eye injury
- ☐ Wound / infection concern
- ☐ Other

Medical disposition

- ☐ No treatment required
- ☐ Treated and released
- ☐ Work restriction
- ☐ Emergency department
- ☐ Hospital admission
- ☐ Hyperbaric referral
- ☐ Specialist follow-up
- ☐ Pending

Provider instructions, restrictions, treatment summary, and follow-up plan (avoid unnecessary confidential diagnosis details):

B. BLOODBORNE PATHOGEN POST-EXPOSURE PROCESS (WHEN APPLICABLE)

- ☐ Not applicable
- ☐ Exposure-control plan initiated
- ☐ Confidential medical evaluation offered
- ☐ Source evaluation / testing addressed
- ☐ Employee baseline testing offered
- ☐ Hepatitis B vaccination status reviewed
- ☐ Post-exposure prophylaxis discussed
- ☐ Employee declined evaluation / testing
- ☐ Written provider opinion received / pending
- ☐ Follow-up schedule established

Occupational-health case / claim number

BBP coordinator / contact

Follow-up due date

Source availability, records transmitted, vaccination documentation, prophylaxis timing, refusal documentation, and confidentiality limitations:

C. OCCUPATIONAL HEALTH / WORKERS COMPENSATION

- ☐ Workers-compensation notice completed
- ☐ Exposure record entered
- ☐ Medical authorization provided
- ☐ Claim number assigned
- ☐ Member given reporting instructions
- ☐ Supervisor follow-up assigned
- ☐ Leave / injury report initiated
- ☐ Not applicable

Case / claim number

Case manager / contact

Next administrative due date

Administrative notes and documents pending:

12. DIVE-INJURY REVIEW, IMMUNIZATION STATUS, AND MEMBER ACKNOWLEDGMENT

Use this page when pressure-related injury, aspiration, barotrauma, or other dive-specific medical concerns are present or must be ruled out.

A. DIVE-INJURY / HYPERBARIC EVALUATION

- ☐ Not applicable
- ☐ Dive computer / profile downloaded
- ☐ 100% oxygen continued
- ☐ Neurologic assessment performed
- ☐ Pulmonary evaluation performed
- ☐ DCS considered
- ☐ Arterial gas embolism considered
- ☐ Barotrauma considered
- ☐ Near-drowning / aspiration considered
- ☐ Hyperbaric physician consulted
- ☐ Recompression treatment provided
- ☐ Flying / altitude restriction issued

DAN / hyperbaric facility / physician contact

Contact date / time

Treatment table / session reference

Dive-profile review, ascent details, neurologic / respiratory findings, oxygen duration, transfer details, treatment, and restrictions:

B. IMMUNIZATION / BARRIER INFORMATION (STATUS ONLY)

Hepatitis B status

- ☐ Documented complete
- ☐ In progress
- ☐ Declined
- ☐ Unknown
- ☐ Not applicable

Tetanus status reviewed

- ☐ Current
- ☐ Booster recommended / given
- ☐ Unknown
- ☐ Not applicable

Provider-facing information supplied: open wounds, dermatitis, recent procedures, medications/allergies, or other factors affecting evaluation:

C. PROVIDER ORDERS / RESTRICTIONS

Restriction effective date / time

Restriction expiration / review

Provider / authorizing official

Work, diving, driving, exercise, flying / altitude, wound-care, medication, or follow-up restrictions:

D. MEMBER ACKNOWLEDGMENT / DECLINATION

Evaluation, treatment, testing, vaccination, or follow-up declined (include reason only if voluntarily provided):

Member signature / typed name

Date / time

Witness / supervisor

13. DELAYED SYMPTOM MONITORING PLAN

Members should promptly report new or worsening symptoms and follow the specific instructions issued by occupational health or the treating provider.

A. DELAYED SYMPTOMS TO DOCUMENT IF THEY OCCUR

- ☐ Fever / chills
- ☐ Severe or persistent headache
- ☐ Muscle aches
- ☐ Unusual fatigue
- ☐ Vomiting / diarrhea
- ☐ Abdominal pain
- ☐ Jaundice / yellow eyes
- ☐ Dark urine / reduced urine
- ☐ Rash / skin infection
- ☐ Wound redness / warmth / drainage
- ☐ Eye redness / pain / discharge
- ☐ Ear pain / drainage
- ☐ Cough / wheezing
- ☐ Shortness of breath
- ☐ Chest pain
- ☐ Coughing blood
- ☐ Dizziness / balance problem
- ☐ Confusion / behavior change
- ☐ Weakness / numbness / tingling
- ☐ Vision or hearing change
- ☐ Joint / limb pain
- ☐ Skin mottling / marbling
- ☐ Any symptom after contaminated-water exposure
- ☐ Other

Provider-specific warning signs, monitoring period, temperature checks, wound-care instructions, and special precautions:

B. MONITORING PLAN / RESPONSIBILITY

- ☐ Member self-monitoring
- ☐ Supervisor check-in
- ☐ Occupational-health follow-up
- ☐ Primary-care follow-up
- ☐ Specialist / infectious disease
- ☐ Hyperbaric / dive medicine
- ☐ No scheduled monitoring
- ☐ Other

Monitoring start date / time | Monitoring end date / review | Primary contact / phone

Required frequency of temperature, wound, respiratory, neurologic, gastrointestinal, or other checks:

C. EMERGENCY / URGENT REPORTING INSTRUCTIONS

- ☐ Call 911 / emergency evaluation for severe symptoms
- ☐ Notify supervisor immediately
- ☐ Notify occupational health
- ☐ Notify treating provider
- ☐ Notify dive-team commander / safety officer
- ☐ Bring exposure report and dive profile
- ☐ Bring contaminant / SDS information
- ☐ Do not return to diving until cleared

Agency- or provider-specific emergency instructions and contact numbers:

D. MEMBER RECEIPT OF MONITORING PLAN

Member signature / typed name | Date / time | Instructions provided by

14. SYMPTOM / CONTACT LOG, FOLLOW-UP, AND RETURN-TO-DUTY STATUS

Use this page for subsequent symptoms, occupational-health contacts, provider instructions, test results, and changes in duty or diving status.

A. MEMBER SYMPTOM / CONTACT LOG

DATE / TIME	SYMPTOM / FINDING	ACTION / INSTRUCTIONS	PROVIDER / CONTACT	SUPERVISOR NOTIFIED

B. FOLLOW-UP APPOINTMENTS / TESTING

DATE / TIME	PROVIDER / FACILITY	PURPOSE / TEST	RESULT / NEXT STEP

C. RETURN-TO-DUTY / RETURN-TO-DIVE STATUS

- ☐ Full duty
- ☐ Restricted duty
- ☐ No duty / medical leave
- ☐ Cleared for diving
- ☐ No diving / pending clearance
- ☐ Flying / altitude restriction
- ☐ Additional evaluation required
- ☐ Other

Effective date / time

Review / expiration date

Provider / authorizing official

Restrictions, accommodations, equipment limitations, training, or clearance requirements:

15. SUPERVISORY REVIEW, CORRECTIVE ACTION, AND RECORD CLOSURE

A supervisory review should identify operational, PPE, equipment, training, communication, and procedural factors without replacing confidential medical review.

A. SUPERVISORY / SAFETY INVESTIGATION

- ☐ PPE selection appropriate
- ☐ PPE selection concern
- ☐ Pre-dive briefing adequate
- ☐ Risk assessment adequate
- ☐ Procedure followed
- ☐ Procedure deviation
- ☐ Equipment defect
- ☐ Maintenance / inspection issue
- ☐ Training deficiency
- ☐ Communication breakdown
- ☐ Staffing / supervision issue
- ☐ Environmental condition exceeded controls
- ☐ Scene urgency influenced decision
- ☐ Exposure unavoidable despite controls
- ☐ No corrective issue identified
- ☐ Other

Findings, root causes, contributing conditions, and lessons learned:

B. CORRECTIVE / PREVENTIVE ACTIONS

ACTION ITEM	RESPONSIBLE PERSON	TARGET DATE	COMPLETION DATE

C. NOTIFICATIONS / RECORD DISTRIBUTION

- ☐ Dive-team commander
- ☐ Chief officer / administration
- ☐ Safety officer
- ☐ Infection-control officer
- ☐ Occupational health
- ☐ Workers compensation / risk management
- ☐ Training officer
- ☐ Equipment / logistics officer
- ☐ Medical director
- ☐ Law enforcement / evidence custodian
- ☐ Member provided copy / instructions
- ☐ Confidential medical records filed separately
- ☐ Other

Record locations, access restrictions, retention instructions, and documents still pending:

16. EQUIPMENT FINAL DISPOSITION, SIGNATURES, AND CASE CLOSURE

Complete after equipment, medical, administrative, and supervisory follow-up are resolved or formally transferred to an open tracking system.

A. EQUIPMENT FINAL DISPOSITION

Equipment / quarantine record number | Disposition date | Inspected / authorized by | Return-to-service date

- ☐ Returned to service
- ☐ Returned with restrictions
- ☐ Repaired / serviced
- ☐ Replaced
- ☐ Disposed / destroyed
- ☐ Retained as evidence
- ☐ Retained for training
- ☐ Pending further action
- ☐ Other

Final inspection, repair, testing, cleaning, restrictions, replacement rationale, or evidence disposition:

B. MEDICAL / ADMINISTRATIVE FOLLOW-UP STATUS

- ☐ Medical follow-up complete
- ☐ Medical follow-up ongoing
- ☐ Occupational-health case closed
- ☐ Workers-compensation claim open
- ☐ Workers-compensation claim closed
- ☐ Return-to-duty documentation received
- ☐ Return-to-dive clearance received
- ☐ Member declined further follow-up
- ☐ Records transferred to long-term tracking
- ☐ Other

Final administrative review date | Medical / occupational-health status confirmed by | Next required review, if open

Outstanding actions, documents, laboratory results, medical reviews, restrictions, or scheduled follow-up:

C. SIGNATURES

Exposed member / typed name | Date / time | Dive supervisor / investigator | Date / time

Safety officer / designee | Date / time | Chief / program manager approval | Date / time

D. CASE CLOSURE

Case closure date | Closed by | Final classification | Related claim / case number

- ☐ All required reports attached
- ☐ Medical documents filed separately
- ☐ Equipment disposition complete
- ☐ Corrective actions completed or transferred
- ☐ Member received final instructions
- ☐ Retention / access restrictions applied
- ☐ Case remains open for listed reason
- ☐ Other

Final closure summary or reason the case remains open: