



## **Important – Read these instructions fully before filling out the Incident Report Form**

**PADI Standards require you to submit a PADI Incident Report Form to your PADI Office immediately after you witness or are involved in a diving or dive operation-related accident/incident, regardless of whether the incident occurred in or out of the water; is training related, recreational, technical or seemingly insignificant.**

When several PADI Members are involved in or witness the incident, the primary member should fill out the Incident Report Form. This is usually the course instructor, or in the case of a non-training activity, it may be the dive guide or boat captain. Additional members or other witnesses should provide a brief statement explaining what they observed and their role in the incident. Witness statements should be attached to the Incident Report Form.

Attach diagrams and photographs if available. Include information obtained about the incident and whether or not statements were taken by authorities. 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. Refer to PADI's *Guide to Teaching, Philosophy and Approach* section, "In the Event of an Accident" for additional insight.

Depending on whether the incident occurred during a course, or a non-training dive or activity, use the checklists below to identify which documents you must attach to your report.

For expediency, send the Incident Report Form, witness statements and documents as email attachments to the incident email address at your PADI Office listed on the last page of the form.

### **Use the checklist to determine which documents to send with your report**

#### **Incident Occurred During a Course, Whether Diving or Non-Diving**

- |  |   |
|--|---|
| <input type="checkbox"/> Student Record File (4 pages or the individual forms below) | <input type="checkbox"/> Quizzes and Exam Answer Sheets               |
| <input type="checkbox"/> Medical Statement/Physician's Release                       | <input type="checkbox"/> eLearning Course eRecord                     |
| <input type="checkbox"/> Release of Liability/Assumption of Risk                     | <input type="checkbox"/> eLearning Course Quick Review Answer Sheet   |
| <input type="checkbox"/> Non-agency Acknowledgment Form                              | <input type="checkbox"/> Continuing Education Administrative Document |
| <input type="checkbox"/> Safe Diving Practices Statement of Understanding            | <input type="checkbox"/> DSD Registration Documents and Safety Review |
| <input type="checkbox"/> Open Water Diver Course Record and Referral Form            | <input type="checkbox"/> Any Other Relevant Documents                 |

#### **Incident Occurred During a Non-Training Dive or Activity**

- |  |   |
|--|---|
| <input type="checkbox"/> Release of Liability/Assumption of Risk | <input type="checkbox"/> Equipment Rental Agreement   |
| <input type="checkbox"/> Boat Travel Release                     | <input type="checkbox"/> Any Other Relevant Documents |
| <input type="checkbox"/> Boat Roster                             |   |



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**COMPLETE AND SEND TO YOUR PADI OFFICE IMMEDIATELY**

# **INCIDENT REPORT FORM**

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

- Fatal       Training       Diving       Rebreather Dive       Snorkeling/Skindiving  
 Non-Fatal       Non-Training       Non-Diving       Technical Dive       Freediving

Date of Incident \_\_\_\_\_ Time \_\_\_\_\_  
Day/Month/Year

Extent of injury \_\_\_\_\_

**Measurements used throughout this report are:**  **METRIC**       **IMPERIAL**

## **Victim Information**

Name \_\_\_\_\_  
First \_\_\_\_\_ Initial \_\_\_\_\_ Last \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Occupation \_\_\_\_\_ Gender  Male  Female

If certified: Agency \_\_\_\_\_ Certification Level \_\_\_\_\_ Certification Date \_\_\_\_\_  
Day/Month/Year

## **Location of Incident**

City \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_

Name of Dive Site \_\_\_\_\_ Depth at which incident started \_\_\_\_\_

Water Temperature \_\_\_\_\_  C  F Visibility \_\_\_\_\_ Current \_\_\_\_\_ Surface Conditions \_\_\_\_\_

## **Victim's Dive Profile**

Include all dives in the last 24 hours prior to the incident, recorded as accurately as possible. If any information is estimated or approximated, indicate so. Do not guess or speculate as to the dive profiles. Provide computer log if available.

Source:  Diver's Recollection/Computer       Dive Pro's Computer       Paper Logbook       Buddy's Recollection

Date	Bottom Time	Depth	Surface Interval	Date	Bottom Time	Depth	Surface Interval

## Complete if Victim was Participating in a Course

Instructor's Name \_\_\_\_\_  
First \_\_\_\_\_ Initial \_\_\_\_\_ Last \_\_\_\_\_ Member No. \_\_\_\_\_  
Contact Number (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_  
Dive Course \_\_\_\_\_ Dive No. \_\_\_\_\_ Skill \_\_\_\_\_  
Number of Students \_\_\_\_\_ Number of Dive Professionals \_\_\_\_\_  
Assistant's Name \_\_\_\_\_  
First \_\_\_\_\_ Initial \_\_\_\_\_ Last \_\_\_\_\_ Member No. \_\_\_\_\_  
Assistant's Name \_\_\_\_\_  
First \_\_\_\_\_ Initial \_\_\_\_\_ Last \_\_\_\_\_ Member No. \_\_\_\_\_

## Complete if Victim was participating in a Non-Training Dive or Activity

Number of Divers/Participants \_\_\_\_\_ Number of Dive Professionals \_\_\_\_\_  
Was this a Guided Dive?  Yes  No Was the Dive Supervised from the Surface/Shore?  Yes  No  
Dive Professional's Name \_\_\_\_\_  
First \_\_\_\_\_ Initial \_\_\_\_\_ Last \_\_\_\_\_ Member No. \_\_\_\_\_  
Contact Number (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

## Dive Center / Resort / Boat Information

Dive Center or Resort \_\_\_\_\_ Member No. \_\_\_\_\_  
Contact Number (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_  
Insured:  Yes  No If yes: Name of Agent or Broker \_\_\_\_\_  
Dive Boat \_\_\_\_\_ Member No. \_\_\_\_\_  
Insured:  Yes  No If yes: Name of Agent or Broker \_\_\_\_\_

## Victim's Equipment

**Important** – have someone else isolate the victim's dive equipment, noting the configuration and connections, tank pressure, regulator and gauge function, etc. – however, do not disassemble it.

Equipment:  Owned  Rented Rented From \_\_\_\_\_ Member No. \_\_\_\_\_  
 Wet Suit Thickness \_\_\_\_\_  Dry Suit  Weights Amount \_\_\_\_\_  
Dive computer used?  Yes  No Type \_\_\_\_\_ Dive tables used?  Yes  No Type \_\_\_\_\_  
 Compressed Air  EANx \_\_\_\_\_ % Tank pressure: Start of dive \_\_\_\_\_ End of dive \_\_\_\_\_  
 Rebreather – Type \_\_\_\_\_

## Rescue Procedures

Victim was found:  On Surface  On Bottom  At Depth \_\_\_\_\_ Other \_\_\_\_\_

Emergency care administered?  Yes  No Oxygen administered?  Yes  No CPR administered?  Yes  No

Transportation:  Ambulance  Air  Other \_\_\_\_\_

Recompression:  Yes  No Hospitalization:  Yes  No

Name of Rescuer \_\_\_\_\_ Member No. \_\_\_\_\_  
First \_\_\_\_\_ Initial \_\_\_\_\_ Last \_\_\_\_\_

Additional Rescuer \_\_\_\_\_ Member No. \_\_\_\_\_  
First \_\_\_\_\_ Initial \_\_\_\_\_ Last \_\_\_\_\_

Additional Rescuer \_\_\_\_\_ Member No. \_\_\_\_\_  
First \_\_\_\_\_ Initial \_\_\_\_\_ Last \_\_\_\_\_

## Incident Report Completed By (If different than above members)

Name \_\_\_\_\_ Member No. \_\_\_\_\_  
First \_\_\_\_\_ Initial \_\_\_\_\_ Last \_\_\_\_\_

Contact Number (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Involvement in incident \_\_\_\_\_

## Summary of Incident

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

Describe in detail what happened. Use additional sheets of paper if necessary. Attach diagrams and photographs if available. Include information obtained about the incident and include whether or not statements were taken by authorities. 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.

**Type or print clearly. Continue on a separate page if necessary.**

## **Summary of Incident continued:**

Member Name \_\_\_\_\_ Member No. \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Day/Month/Year

**Send your completed Incident Report Form by email and all relevant documents as attachments to your PADI Office**

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ail: [incident@padi.com](mailto:incident@padi.com)  
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