

Kwajalein Police Department
NIGHT WALK-IN DIVE PLAN

This form must be completed and submitted to the Police Desk Officer by the Dive Coordinator. In addition, the Dive Coordinator, along with all personnel listed below, understand and agree to adhere and comply with USAKA Regulation 385-9.

Dive Plan Information: (Complete all information as accurately as possible)

<input type="checkbox"/> SCUBA DIVING <input type="checkbox"/> SNORKELING	LOCATION OF THE DIVE:	
	TIME & DATE DIVERS WILL BE ENTERING THE WATER:	TIME & DATE DIVERS WILL BE EXITING THE WATER:

	DIVER'S NAME (Last, First, M.I.)	COMPANY/AGENCY - DEPENDENTS MUST LIST SPONSORS LAST NAME	QUARTERS NUMBER AND TELEPHONE NUMBER
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

ACKNOWLEDGMENT:

The Dive Coordinator understands that he/she is responsible for notifying the Desk Officer at 54445 within 30 minutes after completion of the dive or within 30 minutes after the time listed above to exit the water, which ever is earlier. The dive Coordinator further understands, and does hereby agree, that should he/she not notify the Desk Officer within the above specified time limits that he/she will be responsible for any and all reasonable expenses incurred by any USAKA organization should any search for the above listed divers be initiated.

DIVE COORDINATOR'S PRINTED NAME (Last, First, M->I->)	DIVE COORDINATOR'S COMPANY/AGENCY:	QTRS #	PHONE NUMBERS (H) *****
DIVE COORDINATOR'S SIGNATURE:	DATE SIGNED:	REMARKS (IF ANY)	

DESK OFFICER'S USE ONLY

TIME SUBMITTED:	DATE SUBMITTED:	SIGNATURE:
TIME NOTIFIED OF COMPLETION:	DATE NOTIFIED OF COMPLETION:	SIGNATURE:

DESK OFFICER'S REMARKS / NOTATIONS:
