



**YUKON WORKERS'
COMPENSATION
HEALTH AND
SAFETY BOARD**

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NOTICE OF PROJECT DIVING

GENERAL INFORMATION (YOU MUST COMPLETE THIS PART)		
Name of Owner	Name of contractor <i>(if different from owner)</i>	Name of person in charge of project
Address <i>(street, city, postal code)</i>	Address <i>(street, city, postal code)</i>	Job title Telephone <i>(please include area code)</i> Name of person completing this form Telephone <i>(please include area code)</i>
Assessment Employer Account Number	Assessment Employer Account Number	Project start date <i>(yyyy-mm-dd)</i> Anticipated duration of project days <input type="checkbox"/> month <input type="checkbox"/>
Emergency response plan developed <i>(must be provided upon request)</i> yes <input type="checkbox"/> no <input type="checkbox"/>		
<i>Project site location (indicate street address and city. if available, describe general geographical location – road, kilometre latitude/longitude, etc. – and nearest town. Attach a map if necessary.)</i>		

ONLY COMPLETE THE SECTION PERTAINING TO YOUR PROJECT

DIVING	
<input type="checkbox"/> Construction <input type="checkbox"/> Engineering inspection <input type="checkbox"/> Contaminated environment <input type="checkbox"/> Underneath ice <input type="checkbox"/> Between nets <input type="checkbox"/> Other areas of entrapment <i>(explain)</i> <input type="checkbox"/> Exceeding the no-decompression limit <input type="checkbox"/> Using a mixed gas other than nitrox as a breathing medium Other <i>(explain)</i>	What is the planned maximum depth of the dive <i>(in feet)</i> ?
Purpose of the dive	List diving equipment that will be used