Notice of Project

Diving

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| **GENERAL INFORMATION *(YOU MUST COMPLETE THIS PART)*** | | |
| Name of Owner | Name of contractor *(if different from owner)* | Name of person in charge of project |
| Address *(street, city, postal code)* | Address *(street, city, postal code)* | Job title  Telephone *(please include area code)* Name of person completing this form Telephone *(please include area code)* |
| Assessment Employer Account Number | Assessment Employer Account Number | Project start date *(yyyy-mm-dd)*  Anticipated duration of project  *days month* |
| Emergency response plan developed *(must be provided upon request) yes no* | | |
| *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.)* | | |

ONLY COMPLETE THE SECTION PERTAINING TO YOUR PROJECT

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| **Diving** | |
| Construction Engineering inspection  Contaminated environment Underneath ice  Between nets  Other areas of entrapment *(explain)*  Exceeding the no-decompression limit  Using a mixed gas other than nitrox as a breathing medium  **Other** *(explain)* | What is the planned maximum depth of the dive  *(in feet)?* |
| Purpose of the dive | List diving equipment that will be used |