



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

401 STRICKLAND STREET
WHITEHORSE, YUKON
Y1A 5N8
TEL: (867) 667-5645
FAX: (867) 393-6279
TOLL FREE 1-800-661-0443

**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"/> | | |
| Project site location <i>(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 |