

## KAUST Lead Diver Statement of Authorization



I, \_\_\_\_\_, declare meeting the qualifications as defined in  
Appendix 2A of the KAUST Dive Safety Manual

I acknowledge responsibility for the following actions when I am serving in the Lead Diver role:

- ☐ Ensuring dives are conducted in accordance with Section 2.0 of the KAUST Dive Safety Manual
- ☐ Ensuring all dive team members possess current authorization and are qualified for the type of diving operation.
- ☐ Coordination with other known activities in the vicinity that are likely to interfere with diving operations.
- ☐ Ensuring safety and emergency equipment is in working order and at the dive site.
- ☐ Suspending diving operations if in their opinion conditions are not safe.
- ☐ Reporting to the DCB, through the DSO, any physical problems or adverse physiological effects including symptoms of pressure-related injuries.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_