



Decontamination Protocols

Phone: 888-778-9073
www.tdisdi.com

Fax: 877-436-7096
Email: worldhq@tdisdi.com

Location of Dive:		Date:
Divers Name:		Supervisors Name:

All information in this document is collected for the purpose of ensuring uniform decontamination practices are performed at every dive scenario. Protocols listed are the minimum recommended guidelines necessary to ensure health and safety to all parties involved.

SURFACE PREPARATION: Check all boxes that apply		
<input type="checkbox"/> Ground Tarp	<input type="checkbox"/> Diver Shower System	<input type="checkbox"/> Tender Encapsulation
<input type="checkbox"/> Containment Pond	<input type="checkbox"/> Scrub Brushes	<input type="checkbox"/> Tender Eye Protection
<input type="checkbox"/> Absorbent Media	<input type="checkbox"/> 3% - 5% Clorox Solution	<input type="checkbox"/> Respiratory Protection
<input type="checkbox"/> Pressure Sprayers	<input type="checkbox"/> Antibacterial Wash	<input type="checkbox"/> Work Gloves
<input type="checkbox"/> Equipment Shower System	<input type="checkbox"/> Oil Removal Detergent	<input type="checkbox"/> Work Boots
<input type="checkbox"/> Fresh Water Supply	<input type="checkbox"/> EMS on Scene	<input type="checkbox"/> Fire Department on Scene

POST DIVE CHECKLIST: Check all boxes that apply		
Effluent Wash	Fresh water from surface line	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Wash down for 1-3 minutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Diver sprayed from head to toe	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Equipment left in place	<input type="checkbox"/> Yes <input type="checkbox"/> No
Clorox Wash	3% - 5% Solution	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Wash down for 1-3 minutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Diver sprayed from head to toe	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Equipment left in place	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Underarms, Groin, Back covered	<input type="checkbox"/> Yes <input type="checkbox"/> No
Detergent Wash	Oil surfactant detergent used	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Anti bacterial detergent used	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Wash down for 1-3 minutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Diver sprayed from head to toe	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Equipment left in place	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Underarms, Groin, Back covered	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fresh Water Rinse	Fresh water from surface line	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Rinse for 1 – 3 minutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
	BCD Removed	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Face mask seal dried and mask removed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Equipment Removal	Wrist seals dried/wrists removed	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Neck seal dried/neck removed	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Zipper area dried/suit removed	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Equipment laid out to dry	<input type="checkbox"/> Yes <input type="checkbox"/> No

POST DIVE CHECKLIST CONT: Check all boxes that apply

Diver	Diver shower	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Medical screening	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Clean clothes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Finite Cleaning	FFM broken down, cleaned and re-assembled	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Inlet /Exhaust Valves removed, cleaned and re-installed	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Buoyancy equipment cleaned with Simple Green or other cleaner	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Buoyancy equipment inspected for leaks or minute damage	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Dry suit inflated and scrubbed with Simple Green or other cleaner	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Dry suit inspected under pressure for leaks or minute damage	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Weight system and weights cleaned and reinstalled	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Tethers, umbilical's, safety equipment cleaned	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Equipment thoroughly dried	<input type="checkbox"/> Yes <input type="checkbox"/> No
Equipment Storage	Packaged properly	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Stored in a cool, dry place	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Stored away from ozone emitting sources	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Stored in temperature controlled environment	<input type="checkbox"/> Yes <input type="checkbox"/> No

Diver Name:	Date:	Supv. Name:	Date:
Diver's Signature:	Date:	Supv. Signature:	Date:

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