

Boating & Diving

Pre-snorkel Questionnaire

This form is to be completed by undergraduate students undertaking snorkelling as part of course work with The University of Queensland. These forms are to be held by your supervisor or with the appropriate person within your Organisational Unit. Please note that you will be required to undergo a competency assessment conducted by the course supervisor or delegate.

The University of Queensland is collecting your personal information in order to fulfil UQ's safety obligations in accordance with the Work Health and Safety Act (Qld) 2011. It is the University's usual practice to disclose this information only in accordance with the UQ Policy for Privacy Management.

ADMINISTRATIVE INFORMATION

First Name	<input type="text"/>	Last Name	<input type="text"/>
Supervisor	<input type="text"/>	Organisational Unit	<input type="text"/>

COMPETENCY - MINIMUM

Date started snorkelling:	Date <i>dd mm yy</i> <input type="text"/>	Do you hold a SCUBA ticket:	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Snorkelling briefing details:

Please rank your level of experience/confidence in:

Fitting and clearing a mask:	<input type="text"/>
Fitting and clearing a snorkel:	<input type="text"/>
Effective fin technique:	<input type="text"/>
Snorkelling in buddy teams:	<input type="text"/>
Breathing via a snorkel:	<input type="text"/>
Swimming 200m using snorkel and fins:	<input type="text"/>

Are you intending to breath-hold dive?

Yes No If yes, please complete breath-hold diving briefing details below:

Breath-hold diving briefing details:

Please rank your level of experience/confidence in:

Correct use of weight belt:	<input type="text"/>
Clearing a snorkel:	<input type="text"/>
Avoiding shallow water blackout:	<input type="text"/>
Equalisation techniques:	<input type="text"/>
Breath-hold buddy diving techniques:	<input type="text"/>

QUESTIONS

Are you suffering from any conditions that may be made worse by exertion? If yes, please list:

Yes No

Are you suffering from any condition that may affect your level of consciousness? If yes, please list:

Yes No

Are you taking any prescribed medications (except contraceptives)? If yes, please list:

Yes No

Are you suffering from asthma that can be brought on by cold water or salt water mist? If yes, please detail:

Yes No

Medical Condition Warning

Snorkelling can be a strenuous physical activity and may increase the health and safety risks for persons suffering from:

- i) Any medical condition that may be made worse by physical exertion, for example, heart disease, asthma and some lung complaints
- ii) Any medical condition that can result in loss of consciousness, for example, some forms of epilepsy and some diabetic conditions
- iii) Asthma that can be brought on by cold water or salt water mist; and

Any person should tell the lookout, snorkelling supervisor or snorkelling guide if the person has any concerns about a medical condition. A person who may be at higher risk from one of the above medical conditions, or who is not a strong swimmer should not go snorkelling if the sea conditions are rough or there are strong currents.

SNORKELLER STATEMENT

I have had the risks explained to me and I fully comprehend the questions asked in this assessment. I have provided accurate information about my competency, experience and medical risk.

Snorkeller signature

SUPERVISOR ASSESSMENT*

	Not competent/ unsafe	Competent with close supervision	Competent with low ratio supervision	Competent, buddy pair sufficient
Snorkelling competency:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breath-hold diving competency:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Supervisor signature

Date *dd mm yy*

*For simplicity of process, verification of competency for individuals may also be recorded on this form using this Supervisor Assessment section. For assessment of groups over 4 we suggest using Snorkel group assessment tool.