

# Commercial Diving Investigation Questionnaire

Below are typical interview questions that Investigating Officers should ask diving supervisors at the scene of a commercial diving casualty investigation.

## Interview Questions

1. Case Number: \_\_\_\_\_
2. Date of accident:: \_\_\_\_\_
3. Date of interview: \_\_\_\_\_
4. Location of accident: \_\_\_\_\_
5. Vessel name and number: \_\_\_\_\_

## CONTACT INFORMATION

1. Name (First, Last): \_\_\_\_\_
2. Position (check):  
 Victim       dive supervisor       diver       master       crew member  
 company representative       safety officer       life support technician  
 project manager       other (please specify: \_\_\_\_\_ )
3. Title: \_\_\_\_\_
4. Age: \_\_\_\_\_
5. Date of Birth: \_\_\_\_\_
6. Driver's License Number: \_\_\_\_\_
7. Home Address: \_\_\_\_\_
8. Home Telephone: \_\_\_\_\_
9. Cell phone: \_\_\_\_\_
10. Employer: \_\_\_\_\_
11. Business Address: \_\_\_\_\_
12. Business Telephone: \_\_\_\_\_

## **EXPERIENCE LEVEL**

1. Number of years with Employer: \_\_\_\_\_
  2. Do you have any special relevant education or training?  yes  no  
If yes, describe the training, date and school(s): \_\_\_\_\_
  3. First started diving: \_\_\_\_\_
  4. How many dives have you logged? \_\_\_\_\_  
What are the typical depths and purposes of these dives? \_\_\_\_\_  
Were these dives in the day, night or both? \_\_\_\_\_  
Air? \_\_\_\_\_  
Mixed Gas? \_\_\_\_\_  
Saturation? \_\_\_\_\_
  5. How long have you been a diving supervisor? \_\_\_\_\_
  6. How many dives have you supervised? \_\_\_\_\_
  7. Have you dived with the victim before? \_\_\_\_\_  
If so, how many dives have you conducted together? \_\_\_\_\_  
If so, what was the purpose of these dives (fishing, deep dive, reef, wreck, enriched gas)? \_\_\_\_\_
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## **RECORDS**

1. Do you have an Operation Specific Diving Supervisor Designation Letter?  
 yes  no  don't know
2. Do you have an Operation Specific Person-in-Charge Designation Letter?  
 yes  no  don't know
3. Do you have a Dive Operations Manual?  
 yes  no  don't know
4. Do you have equipment maintenance records for the past two years?  
 yes  no  don't know
5. Do you have breathing gas quality analyses for the past two years?  
 yes  no  don't know
6. Do you have dive job records or contract?  
 yes  no  don't know

7. Do you have dive logs?

yes  no  don't know

8. Do you have dive tables?

yes  no  don't know

9. Do you have vessel logs?

yes  no  don't know

10. Do you have a Site Specific Safety Plan?

yes  no  don't know

11. Do you have Command Center Logs and Recordings?

yes  no  don't know

12. Do you have a charted location of the diving casualty?

yes  no  don't know

13. Do you have a Commercial Vessel Critical Profile (VCP)?

yes  no  don't know

14. Have you filled out a CG-2692 (Report of Marine Accident, Injury or Death)?

yes  no  don't know

**VICTIM HISTORY**

1. How did you first meet the victim? \_\_\_\_\_

2. Describe the victim's personality? \_\_\_\_\_

3. Did you have any sort of personal relationship with the victim outside of the job environment? \_\_\_\_\_

4. Was the victim physically fit?  yes  no  don't know

5. Did the victim require prescription lenses for work?  yes  no  don't know

If so, was the victim wearing contacts during the dive?  yes  no  don't know

If so, was the victim wearing prescription mask during the dive?

6. Did the victim smoke cigarettes?  yes  no  don't know

7. Was there any indication the victim was using prescription drugs or over the counter drugs?  
 yes  no  don't know

8. Did you see any sign that the victim used recreational drugs or alcohol at any time prior to the accident?  yes  no  don't know

9. How many dives had you supervised for this victim? \_\_\_\_\_

10. How many dives of this type have you supervised? \_\_\_\_\_

11. Did victim have any special relevant education or training?  yes  no  don't know

If yes, describe the training and organization(s): \_\_\_\_\_

12. Did you review the victim's log book to find out what their diving experience was prior to the accident?  yes  no

13. Was the victim involved in a previous diving accident?  yes  no  don't know

14. Do you have the victim's personal dive log?  yes  no

15. Do you have a work history for the victim, dive team and vessel crew?

yes  no  don't know

16. Do you have the victim's medical history and copy of his last physical?

yes  no  don't know

### **EVIDENCE**

1. What type of diving was the victim engaged in? \_\_\_\_\_

2. Do you have drawings of the diving system used?  yes  no  don't know

3. Who is responsible for selecting the victim's dive equipment? \_\_\_\_\_

4. Was there any equipment that was missing when the equipment was selected for the dive (for the victim or standby diver)?  yes  no  don't know

If yes, please state what was missing: \_\_\_\_\_

5. What activities preceded the accident on the day that it took place? \_\_\_\_\_

6. What was the victim's health like prior to the accident? \_\_\_\_\_

7. Had the victim made any dives during the 24 hours prior to the accident?

yes  no  don't know

If yes, what were the dive profiles for those dives? \_\_\_\_\_

8. Do you have a 96-hour work rest history of the victim? \_\_\_\_\_

9. Were photographs or video taken of the victim in their gear prior to the accident?

yes  no  don't know

10. How much experience did the victim have with the type of diving being conducted at the time of the accident? \_\_\_\_\_

11. What time did you arrive at the job site? \_\_\_\_\_

12. What time did the victim arrive at the job site? \_\_\_\_\_

13. How did the victim arrive at the job site? \_\_\_\_\_

14. Was the equipment inspected once it arrived on the job site?  yes  no  don't know

If so, who performed the inspection? \_\_\_\_\_

Was the equipment damaged during transport?  yes  no  don't know

15. Did the victim appear apprehensive prior to the accident?  yes  no  don't know
16. Did you inspect the victim's gear prior to his entry into the water?  
 yes  no  don't know
17. Did you do a pre-dive briefing?  yes  no  don't know
18. What was the weather like on the day of the accident? \_\_\_\_\_  
What was the air temperature? \_\_\_\_\_  
What was the water temperature? \_\_\_\_\_  
What was the sea surface like? \_\_\_\_\_  
What was the underwater visibility on the bottom? \_\_\_\_\_
19. Was the victim's dive recorded on video or audio?  yes  no  don't know
20. Did you perform a job hazard analysis (JHA)?  yes  no  don't know
21. When did you first become aware the diver had a problem? \_\_\_\_\_
22. What made you first aware the diver was having a problem? \_\_\_\_\_
23. Was standby diver fully prepared and suited up when the victim entered the water?  
 yes  no  don't know
24. Was there any delay in getting the standby diver deployed into the water?  
 yes  no  don't know
25. What time did the standby diver enter the water? \_\_\_\_\_
26. Where was the victim recovered? \_\_\_\_\_
27. When was the victim recovered? \_\_\_\_\_
28. What position was the victim in when he was recovered? \_\_\_\_\_
29. How was the victim brought to the surface? \_\_\_\_\_
30. What dive gear was the victim wearing when recovered? \_\_\_\_\_
31. Did anyone administer CPR, and if yes, who? \_\_\_\_\_  
What time did CPR start? \_\_\_\_\_  
What time did CPR end? \_\_\_\_\_  
Who ordered CPR to end? \_\_\_\_\_
32. Did the person who administered the CPR have any documented CPR training?  
 yes  no  
Is CPR training current?  yes  no  don't know
33. Was an oxygen kit present?  yes  no  don't know
34. Was oxygen administered?  yes  no  don't know

35. Was a first aid kit present?  yes  no  don't know
36. Was the victim medically evacuated?  yes  no  don't know
37. What time was the mayday/911 call made? \_\_\_\_\_
38. What time did the first rescue agency arrive on scene? \_\_\_\_\_
39. Did you inspect the victim's equipment after the accident?  yes  no  
If yes, what did you find? \_\_\_\_\_
40. What happened to the victim's equipment after the accident? \_\_\_\_\_
41. Were there other witnesses to this accident who are not mentioned in your report?  
 yes  no  don't know If yes, who? \_\_\_\_\_
42. Were there any articles about the accident in the newspaper or footage on local TV?  
 yes  no  don't know
43. Did you give any statement to the coroner after the accident?  yes  no
44. Have you had contact with the victim or family since the accident?  yes  no
45. Do you have an original or rough set of notes regarding this accident?  yes  no
46. Did you make an entry in your logbook regarding this accident?  yes  no
47. Can you think of anything else important that I should know about this accident? \_\_\_\_\_
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## **GEAR INSPECTION**

### **General information**

1. Date of Gear Inspection \_\_\_\_\_
2. Location of Gear Inspection: \_\_\_\_\_
3. Parties present during inspection: \_\_\_\_\_
4. Has gear been washed or cleaned since accident?     yes    no    don't know

### **Complete System**

1. Is cylinder band tight?    yes    no    don't know
2. Is cylinder band at appropriate height?    yes    no    don't know
3. Is regulator oriented properly?    yes    no    don't know
4. Is BC inflated?    yes    no    don't know

**Tank**    not present    not used    N/A

1. Manufacturer: \_\_\_\_\_
2. Date of Manufacture: \_\_\_\_\_
3. Serial number: \_\_\_\_\_
4. Type (Aluminum or Steel): \_\_\_\_\_
5. Capacity: \_\_\_\_\_
6. Working pressure: \_\_\_\_\_
7. Type of medium (compressed air, enriched air) : \_\_\_\_\_  
If enriched air, percentage of enriched air mixture: \_\_\_\_\_  
Did victim verify percentage of enriched air? :  yes    no    don't know
8. Color of tank: \_\_\_\_\_
9. Other marks: \_\_\_\_\_
10. Hydro test dates: \_\_\_\_\_
11. VIP history: \_\_\_\_\_
12. Pressure in tank: \_\_\_\_\_
13. Facility that filled tank: \_\_\_\_\_
14. General condition: \_\_\_\_\_
15. Boot: \_\_\_\_\_
16. Photos taken?    yes    no    don't know

**Tank Valve**  not present  not used  N/A

1. Manufacturer: \_\_\_\_\_
2. Serial number: \_\_\_\_\_
3. Type of valve (K, J or DIN valve) : \_\_\_\_\_
4. Condition of valve: \_\_\_\_\_
5. O-ring condition: \_\_\_\_\_
6. Operation of valve: \_\_\_\_\_
7. Number of revolutions to fully open valve: \_\_\_\_\_
8. Number of revolutions to fully close valve: \_\_\_\_\_
9. Is there any visible corrosion on the filter screen?  yes  no  don't know
10. Photos Taken?  yes  no  don't know
11. Other marks: \_\_\_\_\_

**Helmet**  not present  not used  N/A

1. Manufacturer: \_\_\_\_\_
2. Date of Manufacture: \_\_\_\_\_
3. Model #: \_\_\_\_\_
4. Serial Number: \_\_\_\_\_
5. Working pressure: \_\_\_\_\_
6. Color: \_\_\_\_\_
7. Shell Material: \_\_\_\_\_
8. Shell Condition: \_\_\_\_\_
9. Logbook: \_\_\_\_\_
10. General helmet condition: \_\_\_\_\_
11. Emergency Valve: \_\_\_\_\_  
Number of revolutions to open/close valve: \_\_\_\_\_
12. Non-return Valve: \_\_\_\_\_  
Number of revolutions to open/close valve: \_\_\_\_\_
13. Sideblock: \_\_\_\_\_
14. Port: \_\_\_\_\_

15. Neck dam: \_\_\_\_\_
16. Regulator: \_\_\_\_\_
17. Yoke or Locking Collar: \_\_\_\_\_
18. Tube from Sideblock to Regulator: \_\_\_\_\_
19. Photos Taken of helmet components?     yes    no    don't know

**Air Compressor**     not present    not used    N/A

1. Manufacturer: \_\_\_\_\_
2. Date of Manufacture: \_\_\_\_\_
3. Model #: \_\_\_\_\_
4. Serial Number: \_\_\_\_\_
5. Volume of Tank: \_\_\_\_\_
6. Operation of Air Compressor: \_\_\_\_\_
7. Location of Air Compressor during accident: \_\_\_\_\_
8. Type of Valve: \_\_\_\_\_
9. Condition of Valves: \_\_\_\_\_
10. Operation of valves: \_\_\_\_\_
11. Belt Condition: \_\_\_\_\_
12. Fuel tank: \_\_\_\_\_
13. Oil Level Compression: \_\_\_\_\_
14. Oil Level Drive: \_\_\_\_\_
15. Photos Taken of Air compressor, valves or oil level?     yes    no    don't know
16. Where are the inspection records for air compressor? \_\_\_\_\_
17. Any other marks on compressor?     yes    no    don't know

**Dry suit inspection**     not present    not used    N/A

1. Manufacturer: \_\_\_\_\_
2. Date of Manufacture: \_\_\_\_\_
3. Model #: \_\_\_\_\_
4. Serial Number: \_\_\_\_\_
5. In-service date: \_\_\_\_\_
6. Size: \_\_\_\_\_
7. Color: \_\_\_\_\_

8. Condition: \_\_\_\_\_
9. Type of suit: \_\_\_\_\_
10. Zipper manufacturer/condition: \_\_\_\_\_
11. Inflator valve manufacturer/condition: \_\_\_\_\_
12. Exhaust valve manufacturer/condition: \_\_\_\_\_
13. Hood type/condition (hood with bib or hooded vests): \_\_\_\_\_
14. Zipper condition/function: \_\_\_\_\_
15. Wrist seals type/condition: \_\_\_\_\_
16. Neck seal type/condition: \_\_\_\_\_
17. Yoke type/condition: \_\_\_\_\_
18. Boot type/condition: \_\_\_\_\_
19. Inflator hose: \_\_\_\_\_
20. Contents of right pocket: \_\_\_\_\_
21. Contents of left pocket: \_\_\_\_\_
22. Does suit leak?      yes    no    don't know
23. Photos taken of dry suit?      yes    no    don't know

**Hot Water Suit**    not present    not used    N/A

1. Manufacturer: \_\_\_\_\_
2. Date of Manufacture: \_\_\_\_\_
3. Model #: \_\_\_\_\_
4. Serial Number: \_\_\_\_\_
5. Condition of valves: \_\_\_\_\_
6. Model number: \_\_\_\_\_
7. General condition: \_\_\_\_\_
8. Photo taken?      yes    no    don't know

**Wet Suit**    not present    not used    N/A

1. Manufacturer: \_\_\_\_\_
2. Date of Manufacture: \_\_\_\_\_
3. Model #: \_\_\_\_\_
4. Serial Number: \_\_\_\_\_
5. Color(s): \_\_\_\_\_

6. Style: \_\_\_\_\_
7. Size: \_\_\_\_\_
8. Thickness (3mm, 5mm, 7mm): \_\_\_\_\_
9. Hood type/condition:(hood with bib or hooded vests): \_\_\_\_\_
10. General condition: \_\_\_\_\_
11. Jacket Zip Condition: \_\_\_\_\_
12. FJ Zipper Condition: \_\_\_\_\_
13. Beaver Tail Closure: \_\_\_\_\_
14. Closure condition: \_\_\_\_\_
15. Comments: \_\_\_\_\_
16. Photos Taken?  yes  no  don't know

**Regulator Assembly**  not present  not used  N/A

1. Manufacturer: \_\_\_\_\_
2. Date of Manufacture: \_\_\_\_\_
3. Model #: \_\_\_\_\_
4. In-service date: \_\_\_\_\_
5. First Stage
- Serial number: \_\_\_\_\_
- Condition: \_\_\_\_\_
- Filter condition: \_\_\_\_\_
- Environmental cap: \_\_\_\_\_
- Color: \_\_\_\_\_
- Relief valve: \_\_\_\_\_
- Pressure gauge: \_\_\_\_\_
- Tank pressure: \_\_\_\_\_
- Shop ID marks: \_\_\_\_\_
6. Primary Second Stage
- Manufacturer: \_\_\_\_\_
- Model: \_\_\_\_\_
- Serial number: \_\_\_\_\_
- Color & Shop ID marks: \_\_\_\_\_
- Condition: \_\_\_\_\_

Condition mouthpiece lugs: \_\_\_\_\_

Condition tie-wrap: \_\_\_\_\_

Position of the breath demand sensitivity selector, if equipped \_\_\_\_\_

7. Octopus Second Stage

Manufacturer: \_\_\_\_\_

Model: \_\_\_\_\_

Serial number: \_\_\_\_\_

Color: \_\_\_\_\_

Shop ID marks: \_\_\_\_\_

Condition: \_\_\_\_\_

Condition mouthpiece lugs: \_\_\_\_\_

Condition tie-wrap: \_\_\_\_\_

Position of the breath demand sensitivity selector, if equipped: \_\_\_\_\_

8. Inflator Hose

For BC, what is condition? \_\_\_\_\_

For Dry Suit, what is condition? \_\_\_\_\_

9. Position of the breath demand sensitivity selector, if equipped:

\_\_\_\_\_

10. Are there any other devices included in pressure gauge consol (depth, computer, etc.)?

\_\_\_\_\_

11. Photo Taken of

Primary second stage  yes  no  don't know

Octopus second stage  yes  no  don't know

Inflator hose  yes  no  don't know

High pressure hose for pressure gauge  yes  no  don't know

**Bail Out Cylinder** (or pony bottle)  not present  not used  N/A

1. Manufacturer: \_\_\_\_\_

2. Date of Manufacture: \_\_\_\_\_

3. Serial Number: \_\_\_\_\_

4. Type (Aluminum, Steel, etc): \_\_\_\_\_

5. Capacity: \_\_\_\_\_

6. Working Pressure: \_\_\_\_\_

7. Number of revolutions to open/close tank valve: \_\_\_\_\_
8. Other marks: \_\_\_\_\_
9. Hydrostatic Test dates: \_\_\_\_\_
10. Internal visual inspection history: \_\_\_\_\_
11. Pressure in tank: \_\_\_\_\_
12. General condition: \_\_\_\_\_
13. Boot: \_\_\_\_\_
14. Photo taken?     yes    no    don't know

**Cylinder Valve**     not present    not used    N/A

1. Manufacturer: \_\_\_\_\_
2. Type of valve (K, J or DIN valve): \_\_\_\_\_
3. O-ring condition: \_\_\_\_\_
4. Operation of valve: \_\_\_\_\_
5. Photo taken:     yes    no    don't know
6. Number of turns to fully open: \_\_\_\_\_
7. Serial number: \_\_\_\_\_

**Buoyancy Control Device**     not present    not used    N/A

1. Manufacturer: \_\_\_\_\_
2. Model Name: \_\_\_\_\_
3. Serial Number: \_\_\_\_\_
4. In-service date: \_\_\_\_\_
5. Bladder type (Jacket Style or back inflation): \_\_\_\_\_
6. Is buoyancy compensator bladderless?  yes    no    don't know
7. Were any repairs made to the BCD?  yes    no    don't know
8. Last service date for BCD? \_\_\_\_\_
9. Did BCD have weights incorporated (integral)?  yes    no    don't know
10. How much weight was in jettison compartments?
11. How much weight was in non-jettison compartment (usually located on back of BCD)?  
\_\_\_\_\_
12. Condition: \_\_\_\_\_
13. Size: \_\_\_\_\_

14. Color: \_\_\_\_\_
15. Other marks: \_\_\_\_\_
16. Photo taken:  yes  no  don't know
17. Lift capability:  yes  no  don't know
18. Corrugated hose attachment: \_\_\_\_\_
19. Condition of waist belt: \_\_\_\_\_
20. Condition of chest strap: \_\_\_\_\_
21. Condition of shoulder straps: \_\_\_\_\_
22. Condition of cylinder band: \_\_\_\_\_
23. Contents of right pocket: \_\_\_\_\_
24. Contents of left pocket: \_\_\_\_\_
25. Items clipped to buoyancy compensator: \_\_\_\_\_
26. Strap condition: \_\_\_\_\_
27. Strap properly threaded: \_\_\_\_\_
28. Photo taken:  yes  no  don't know

**Buoyancy Compensator Function Tests**  N/A  not performed

1. Does BC hold air?  yes  no  don't know
2. Does power inflator function properly?  yes  no  don't know
3. Does manual inflator function properly?  yes  no  don't know
4. Does overpressure relief work?  yes  no  don't know
5. Does overpressure relief (dump) valve work?  yes  no  don't know
6. Notes: \_\_\_\_\_

**Diver's Harness**  not present  not used  N/A

1. General condition: \_\_\_\_\_
2. Snap Hook Function: \_\_\_\_\_
3. Jock Strap Present?  yes  no  don't know
4. Photo Taken?  yes  no  don't know

**Power Inflator**  not present  not used  N/A

1. General condition: \_\_\_\_\_
2. Manufacturer: \_\_\_\_\_

3. Number tie-wraps: \_\_\_\_\_
4. Serial number: \_\_\_\_\_
5. Other marks: \_\_\_\_\_
6. Mouthpiece condition: \_\_\_\_\_
7. Wraps: \_\_\_\_\_

**Diver's Breathing Gas Manifold**  not present  not used  N/A

1. Manufacturer: \_\_\_\_\_
2. Pneumo Gauge Range: \_\_\_\_\_
3. Pneumo Gauge Model: \_\_\_\_\_
4. Pneumo Gauge Manufacturer: \_\_\_\_\_
5. Last Calibration of Pneumo #1: \_\_\_\_\_
6. Last Calibration of Pneumo #2: \_\_\_\_\_
7. Number of regulators: \_\_\_\_\_
8. Do regulator adjustments turn freely?  yes  no  don't know
9. Do ball valves turn freely?  yes  no  don't know
10. Photos Taken?  yes  no  don't know

**Weight belt** (refer to BCD if integrated)  not present  not used  N/A

1. Type of belt (nylon or rubber): \_\_\_\_\_
2. Type of buckle: \_\_\_\_\_
3. Type of weights (bullet, block or soft): \_\_\_\_\_
4. Number of weights: \_\_\_\_\_
5. Color of weights: \_\_\_\_\_
6. Total weight: \_\_\_\_\_
7. Weight keepers condition: \_\_\_\_\_
8. Clips & accessories: \_\_\_\_\_
9. Weight distribution: \_\_\_\_\_
10. Weight release function: \_\_\_\_\_
11. Photos Taken?  yes  no  don't know

**Mask**  not present  not used  N/A

1. Manufacturer: \_\_\_\_\_
2. Model: \_\_\_\_\_
3. Color: \_\_\_\_\_
4. Condition (leaks, cracks, scratches, etc) : \_\_\_\_\_
5. Purge valve type/condition: \_\_\_\_\_
6. Strap condition: \_\_\_\_\_
7. Does mask have prescription lenses?  yes  no  don't know
8. Photos Taken?  yes  no  don't know

**Snorkel**  not present  not used  N/A

1. Manufacturer: \_\_\_\_\_
2. Model: \_\_\_\_\_
3. Color: \_\_\_\_\_
4. Purge valve type/condition: \_\_\_\_\_
5. Photos Taken?  yes  no  don't know

**Fins**  not present  not used  N/A

1. Manufacturer: \_\_\_\_\_
2. Model: \_\_\_\_\_
3. Size: \_\_\_\_\_
4. Color: \_\_\_\_\_
5. General condition: \_\_\_\_\_
6. Strap condition: \_\_\_\_\_
7. Photos Taken?  yes  no  don't know

**Breathing Umbilical**  not present  not used  N/A

1. Manufacturer: \_\_\_\_\_
2. Manufacture Date: \_\_\_\_\_
3. Model Number: \_\_\_\_\_
4. Serial Number: \_\_\_\_\_

5. Color: \_\_\_\_\_
6. In-Service Date: \_\_\_\_\_
7. Condition: \_\_\_\_\_
8. Company ID marks: \_\_\_\_\_
9. Length: \_\_\_\_\_
10. Photo Taken?  yes  no  don't know
11. Air hose: \_\_\_\_\_
12. Communication Wire: \_\_\_\_\_
13. Pneumo Hose: \_\_\_\_\_
14. Strength Member: \_\_\_\_\_
15. Hot Water Hose: \_\_\_\_\_
16. Topside Air Hose Fitting: \_\_\_\_\_
17. Diver's End Air Hose Fitting: \_\_\_\_\_
18. Topside Pneumo Hose Fitting: \_\_\_\_\_
19. Topside Communications: \_\_\_\_\_
20. Diver's End Communications: \_\_\_\_\_
21. Hot Water Topside: \_\_\_\_\_
22. Divers End Hot Water: \_\_\_\_\_
23. D-Ring and Seizing: \_\_\_\_\_

**Communications System**  not present  not used  N/A

1. Manufacturer: \_\_\_\_\_
2. Manufacture Date: \_\_\_\_\_
3. Model #: \_\_\_\_\_
4. Serial #: \_\_\_\_\_
5. General Condition: \_\_\_\_\_
6. Does communications system work?  yes  no  don't know
7. Photo taken?  yes  no  don't know

**Dive Computer**  not present  not used  N/A

1. Manufacturer: \_\_\_\_\_
2. Model number: \_\_\_\_\_
3. Serial number: \_\_\_\_\_
4. Color: \_\_\_\_\_
5. In-service date: \_\_\_\_\_
6. Condition: \_\_\_\_\_
7. Shop ID marks: \_\_\_\_\_
8. Battery condition: \_\_\_\_\_
9. Service information: \_\_\_\_\_

10. Readings

Dive#	Date	Time of Day	Depth	Bottom Time	Ascent Rate	Surface Interval Time
Dive #1						
Dive #2						
Dive #3						
Dive #4						
Dive #5						
Dive #6						
Dive #7						
Dive #8						
Dive #9						
Dive #10						

**Instrument Console**  not present  not used  N/A

1. Manufacturer: \_\_\_\_\_
2. Depth gauge: \_\_\_\_\_
3. Dept gauge model: \_\_\_\_\_

4. Depth gauge serial number: \_\_\_\_\_
5. Max depth indicator reading: \_\_\_\_\_
6. Range of depth gauge: \_\_\_\_\_
7. Does gauge read zero?  yes  no  don't know
8. General condition: \_\_\_\_\_
9. Photo taken?  yes  no  don't know
10. Compass: \_\_\_\_\_

**Submersible Pressure Gauge**  not present  not used  N/A

1. Range: \_\_\_\_\_
2. Manufacturer: \_\_\_\_\_
3. Serial number: \_\_\_\_\_
4. Does gauge read zero?  yes  no  don't know
5. Condition: \_\_\_\_\_
6. Photo taken:  yes  no  don't know
7. Slate present (for notes)?  yes  no  don't know
8. Markings on slate? \_\_\_\_\_

**Maintenance Records**  not present  not used  N/A

1. Helmet: \_\_\_\_\_
2. Air compressor: \_\_\_\_\_
3. Dry suit: \_\_\_\_\_
4. Bail-out regulator: \_\_\_\_\_
5. Buoyancy Compensator: \_\_\_\_\_
6. Cylinder: \_\_\_\_\_
7. Power inflator: \_\_\_\_\_
8. Dive Computer: \_\_\_\_\_
9. other: \_\_\_\_\_

Investigating Officer: \_\_\_\_\_