



DIVE SUPERVISOR CHECKLIST

PRIMARY DIVER: _____ BACK-UP DIVER: _____

TENDER _____ DIVE # _____ DATE _____

PRIMARY DIVER

____ WET/DRY SUIT
____ HOOD
____ GLOVES
____ HARNESS/CARABINER LOCKED
____ WEIGHT BELT _____ Lbs.
____ MASK/SNORKLE
____ FULL FACE MASK
____ FINS
____ BOUANCY COMPENSATOR
____ REGULATOR
____ DEPTH GAUGE/PRESSURE GAUGE
____ OCTOPUS/ALTERNATE AIR SOURCE
____ 2 CUTTING TOOLS
____ COMPASS
____ REVIEW OBJECTIVE
____ COMM. CHECK/REVIEW LINE SIGNALS
____ REVIEW EMERGENCY PROCEDURES

BACK-UP DIVER

____ WET/DRY SUIT
____ HOOD
____ GLOVES
____ HARNESS/CARABINER LOCKED
____ WEIGHT BELT _____ Lbs.
____ MASK/SNORKEL
____ FULL FACE MASK
____ FINS
____ BOUYANCY COMPENSATOR
____ REGULATOR
____ DEPTH GAUGE/PRESSURE GAUGE
____ OCTOPUS/ALTERNATE AIR SOURCE
____ 2 CUTTING TOOLS
____ COMPASS
____ REVIEW OBJECTIVE
____ COMM. CHECK/REVIEW LINE SIGNALS
____ REVIEW EMERGENCY PROCEDURES

BEGINNING TANK PRESSURE _____ PSI

BEGINNING TANK PRESSURE _____ PSI

START DIVE TIME: _____

MAX. DEPTH FOR DIVE: _____

TANK PRESSURE _____ PSI _____ MINUTES

TANK PRESSURE _____ PSI _____ MINUTES

TANK PRESSURE _____ PSI _____ MINUTES

TANK PRESSURE _____ PSI _____ MINUTES

ENDING TANK PRESSURE _____ PSI

ENDING TANK PRESSURE _____ PSI

END DIVE TIME: _____ / MAX. DEPTH: _____ FEET / TOTAL BOTTOM TIME: _____ MINUTES

RAPID FIELD NEURO. EXAM RESULTS: POSITIVE / NEGITIVE (Attach copy of Check sheet to this form)

TENDER SIGNATURE: _____

DIVE SUPERVISOR SIGNATURE: _____