



# Dive Checklist/Operations Worksheet

## Primary Diver

Tender \_\_\_\_\_  
Diver \_\_\_\_\_

## Safety Diver

Tender \_\_\_\_\_  
Diver \_\_\_\_\_

## 90% Diver

Tender \_\_\_\_\_  
Diver \_\_\_\_\_

Primary Diver	Safety Diver	90 % Diver
____ Hood	____ Hood	____ Hood
____ Mask	____ Mask	____ Mask
____ Full Face Mask	____ Full Face Mask	____ Full Face Mask
____ Wet/Dry Suit	____ Wet/Dry Suit	____ Wet/Dry Suit
____ Harness/Carabiner Locked	____ Harness/Carabiner Locked	____ Harness/Carabiner Locked
____ Quick Release Snap Shackle	____ Quick Release Snap Shackle	____ Quick Release Snap Shackle
____ Buoyancy Control Device	____ Buoyancy Control Device	____ Buoyancy Control Device
____ Regulator	____ Regulator	____ Regulator
____ Depth Gauge/Pressure Gauge	____ Depth Gauge/Pressure Gauge	____ Depth Gauge/Pressure Gauge
____ Octopus/Alternate Air Source	____ Octopus/Alternate Air Source	____ Octopus/Alternate Air Source
____ Compass	____ Compass	____ Compass
____ Gloves	____ Gloves	____ Gloves
____ 2 Cutting Tools	____ 2 Cutting Tools	____ 2 Cutting Tools
____ Weight Belt _____ lbs.	____ Weight Belt _____ lbs.	____ Weight Belt _____ lbs.
____ Ankle Weights	____ Ankle Weights	____ Ankle Weights
____ Fins	____ Fins	____ Fins
____ Review Objective	____ Review Objective	____ Review Objective
____ Establish Initial Overlap in Pattern	____ Establish Initial Overlap in Pattern	____ Establish Initial Overlap in Pattern
____ Review Found Object Protocol	____ Review Found Object Protocol	____ Review Found Object Protocol
____ Comm Check/Review Line Signals	____ Comm Check/Review Line Signals	____ Comm Check/Review Line Signals
____ Review Diver in Distress Protocol	____ Review Diver in Distress Protocol	____ Review Diver in Distress Protocol
____ Review Emergency Procedures	____ Review Emergency Procedures	____ Review Emergency Procedures
Start Tank Pressure _____ PSI	Start Tank Pressure _____ PSI	Start Tank Pressure _____ PSI
Start Dive Time: _____	Start Dive Time: _____	Start Dive Time: _____

MAX. DEPTH FOR DIVE: _____	MAX. DEPTH FOR DIVE: _____	MAX. DEPTH FOR DIVE: _____
Tank Pressure _____ PSI 5 Minutes	Tank Pressure _____ PSI 5 Minutes	Tank Pressure _____ PSI 5 Minutes
Tank Pressure _____ PSI _____ Minutes	Tank Pressure _____ PSI _____ Minutes	Tank Pressure _____ PSI _____ Minutes
Tank Pressure _____ PSI _____ Minutes	Tank Pressure _____ PSI _____ Minutes	Tank Pressure _____ PSI _____ Minutes
Ending Tank Pressure _____ PSI	Ending Tank Pressure _____ PSI	Ending Tank Pressure _____ PSI
END DIVE TIME: _____	END DIVE TIME: _____	END DIVE TIME: _____
MAX. DEPTH: _____	MAX. DEPTH: _____	MAX. DEPTH: _____
Feet/Total Bottom Time: _____ Minutes	Feet/Total Bottom Time: _____ Minutes	Feet/Total Bottom Time: _____ Minutes
RAPID FIELD NEURO Exam Results: POSITIVE / NEGATIVE	RAPID FIELD NEURO Exam Results: POSITIVE / NEGATIVE	RAPID FIELD NEURO Exam Results: POSITIVE / NEGATIVE
(Attach copy of check sheet to this form)	(Attach copy of check sheet to this form)	(Attach copy of check sheet to this form)
TENDER SIGNATURE	TENDER SIGNATURE	TENDER SIGNATURE
DIVE SUPERVISOR SIGNATURE	DIVE SUPERVISOR SIGNATURE	DIVE SUPERVISOR SIGNATURE