



# Dive Log

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<b>Today's Date:</b>	<b>Location:</b>
<b>Supervisor's Name:</b>	<b>Weather:</b> <b>Air Temp:</b> <b>Water Temp:</b> <b>Current/Kts.</b>

SURFACE PREPARATION: Check all boxes that apply				
<b>Dive Mode:</b> <input type="checkbox"/> SCUBA	<b>Spec Equip:</b> <input type="checkbox"/> FFM	<input type="checkbox"/> Rigging	<input type="checkbox"/> Comms	<input type="checkbox"/> Dry Suit
<input type="checkbox"/> SSDE	<input type="checkbox"/> Bail Out	<input type="checkbox"/> Lift Bags	<input type="checkbox"/> Tether	

PURPOSE OF DIVE				
<input type="checkbox"/> Training	<input type="checkbox"/> Non-Specific Search	<input type="checkbox"/> Evidence Search	<input type="checkbox"/> Equipment Testing	<input type="checkbox"/> Other _____

TIME ENTERED		
<input type="checkbox"/> Water:	<input type="checkbox"/> Starting Pressure:	<input type="checkbox"/> Bail-Out Pressurer:

RISK ASSESSMENT			
<input type="checkbox"/> Dangerous Marine Life	<input type="checkbox"/> Safe Entries/Exits	<input type="checkbox"/> Visible Pollution	<input type="checkbox"/> Water Quality
<input type="checkbox"/> Water Movement	<input type="checkbox"/> Overheads	<input type="checkbox"/> Site History	<input type="checkbox"/> Entanglements
Water Tested for Contamination	<input type="checkbox"/> Yes <input type="checkbox"/> No	Results:	
Previous Water Quality Issues	<input type="checkbox"/> Bacteriological	<input type="checkbox"/> Viral	<input type="checkbox"/> Chemical <input type="checkbox"/> Radiological <input type="checkbox"/> Other _____

WHO TESTED THE WATER:		CONTACT #:			
Did exposure occur to diver during dive? <input type="checkbox"/> Yes <input type="checkbox"/> No	How	<input type="checkbox"/> Puncture of Suit <input type="checkbox"/> Inhalation	<input type="checkbox"/> Seal Leak <input type="checkbox"/> Skin Absorption	<input type="checkbox"/> Zipper Failure <input type="checkbox"/> Ingestion	<input type="checkbox"/> Pinholes in Suit <input type="checkbox"/> Splashing Face

NARRATIVE	
<input type="checkbox"/> Narrative:	<input type="checkbox"/> Sketch:

The above information is to be maintained as part of the official dive record for all individuals involved. This record should be maintained for the career of the diver plus 30 years, in accordance with OSHA Exposure Management Standards in OSHA 29CFR 1910-1030.

<b>Diver Name:</b>	<b>Date:</b>	<b>Supv. Name:</b>	<b>Date:</b>
<b>Divers Signature:</b>	<b>Date:</b>	<b>Supv. Signature:</b>	<b>Date:</b>