











# Diving Supervisor's Record

Dive Date: mm/dd/yy \_\_\_\_\_ Dive Location \_\_\_\_\_

Diving Supervisor Name: \_\_\_\_\_ Employer(s) Name: \_\_\_\_\_

Weather (check):

									
sun	cloud	overcast	fog	drizzle	rain	rain/snow	freezing rain	snow	wind – light, moderate, strong

Sea State/wave conditions (check): calm \_\_\_\_\_ small wave \_\_\_\_\_ moderate wave \_\_\_\_\_ large wave \_\_\_\_\_

Equipment Used: SCUBA  Surface Supplied  Compressor  Breathing Mixture  Type \_\_\_\_\_ Stage  ADS  Wet Bell   
SCC  Wet Suit  Dry Suit  Other: \_\_\_\_\_

Confirmed Testing of any Hyperbaric Chamber, SCC or ADS used? Yes  No  Not Applicable

Name/call number of vessel or dive installation: \_\_\_\_\_

Underwater work site hazards: Intake Pipe(s)  Outflow Pipe(s)  Pilings/Posts  Nets/Cages  Culverts  Other \_\_\_\_\_

Contaminated Environment: Yes  No

Decompression Table Used: Yes  No  Type used: \_\_\_\_\_

Describe Decompression Procedure: \_\_\_\_\_

Hyperbaric Chamber used: Yes  No  Certificate # \_\_\_\_\_ Certificate expiration date: \_\_\_\_\_

Standby Diver name(s): \_\_\_\_\_

Dive Tender name(s): \_\_\_\_\_

Work Performed: Sea Urchin Harvest  Aquaculture Maintenance  Other \_\_\_\_\_

\_\_\_\_\_

## Diving Supervisor's Record

Diver/ADS operator's name →	Diver/ADS operator				Diver/ADS operator				Diver/ADS operator				Diver/ADS operator			
	SCUBA <input type="checkbox"/> Surface Supplied <input type="checkbox"/>				SCUBA <input type="checkbox"/> Surface Supplied <input type="checkbox"/>				SCUBA <input type="checkbox"/> Surface Supplied <input type="checkbox"/>				SCUBA <input type="checkbox"/> Surface Supplied <input type="checkbox"/>			
Time left surface*																
Time arrive bottom*																
Time left bottom*																
Time resurfaced*																
Max dive depth																

- If the dive involves a diver or ADS operator repeatedly submerging and resurfacing without exiting the water, the dive entry must include this information for each time they leave the surface.

	Time Left Surface	Time Returned to Surface
Stage/SCC/ADS		
Stage/SCC/ADS		

Accident, near miss, unusual incident – None

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Discomfort, illness, injury – None

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**Diving Supervisor Signature:** \_\_\_\_\_ **Date:** mm/dd/yy \_\_\_\_\_

*Note: Diving Supervisor's Record must include attached copies of records of all equipment examinations/tests required by the regulations.*