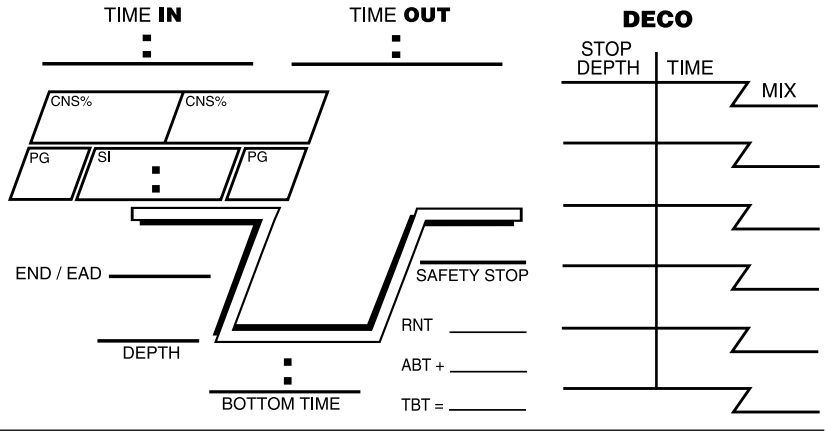


Dive No. _____ Date _____

Location _____



MIX _____	MIX _____	MIX _____
Start BAR / PSI _____	Start BAR / PSI _____	Start BAR / PSI _____
End BAR / PSI _____	End BAR / PSI _____	End BAR / PSI _____
Volume Used _____	Volume Used _____	Volume Used _____
Actual Depth _____	Actual Depth _____	Actual Depth _____
EAD / END _____	EAD / END _____	EAD / END _____
O ₂ Partial Press _____ ata	O ₂ Partial Press _____ ata	O ₂ Partial Press _____ ata
CNS _____% OTUs _____	CNS _____% OTUs _____	CNS _____% OTUs _____
Previous _____% _____	Previous _____% _____	Previous _____% _____
TOTAL _____% _____	TOTAL _____% _____	TOTAL _____% _____

Bottom Time to Date _____

Time This Dive + _____

Cumulative Time = _____

Weight _____

Exposure _____

Thermals _____

Visibility _____

TEMPERATURE

_____ Air

_____ Surface

_____ Bottom

Comments _____

Verification Signature _____

Print Name _____

Certification Number _____

Phone Number _____