

FOR ILLUSTRATION PURPOSES ONLY
(Local reproduction authorized - blank masters available from local FMO)

DIVING LOG										
NAME (LAST, FIRST, MIDDLE I.)										
DATE OF LAST PHYSICAL:			TENDER:			DISTRICT & PROJECT:				
1. DIVE										
DATE:		DEPTH OF DIVE:		REPETITIVE DIVE:		BOTTOM TIME				
		FT.		<input type="checkbox"/> YES <input type="checkbox"/> NO						
2. DIVING CONDITIONS										
WATER DEPTH:		WATER TEMP.:		CURRENT:		TYPE BOTTOM:		BOTTOM VISIBILITY:		
FT.		° F.		KTS				FT.		
3. TYPE WORK				4. EQUIPMENT						
NONE MILD, MODERATE, HEAVY:				<input type="checkbox"/> DEEP SEA		<input type="checkbox"/> SCUBA (OPEN)		<input type="checkbox"/> HEL-OXYGEN		
				<input type="checkbox"/> MASK		<input type="checkbox"/> SCUBA (CLOSED)		<input type="checkbox"/> OTHER: _____		
5. BREATHING MEDIUM					6. SOURCE OF BREATHING MEDIUM					
AIR		HELIUM		OXYGEN		NITROGEN			<input type="checkbox"/> AIR BANKS <input type="checkbox"/> HEO BANKS <input type="checkbox"/> COMP.	
		%		%		%				
7. REPETITIVE NO-DECOMP. DIVES										
	1		2		3		4			
TIME OUT										
TIME IN										
TIME (MIN.)										
DISTANCE (YARDS)										
AIR OUT (PSI)										
AIR IN (PSI)										
AIR USED (CU FEET)										
MAX. DEPTH (FEET)										
<input type="checkbox"/> SUIT USED	BOT. VOL. (CU. FT.)		TOT. TIME (MIN.)		TOT. DIST. (YDS.)					
10. TOTAL TIME OF DIVE(S)										
THIS/THESE MIN.			CUMULATIVE HRS. MIN.							
11. WORK SCHEDULES AND ACCOMPLISHED:										
12. REMARKS:										
_____ DIVING SUPERVISOR					_____ DIVING INSPECTOR					