















Dive #: _____ Location: _____

Date: _____ Dive Site: _____

Entry: SI: _____ Time: _____ PG: _____ RNT: _____ Pres: _____ bar/psi	<div>Bottom Time: _____ min</div> <div>Avg.: _____ m/ft</div> <div>Safety Stop?</div> <div>_____ min</div> <div>_____ m/ft</div>	Entry: Time: _____ PG: _____ O ₂ %: _____ Pres: _____ bar/psi
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Weight: Ditch: _____ kg/lbs Trim: _____ kg/lbs	Tank/Gas: <input type="checkbox"/> Air <input type="checkbox"/> EAN _____ Type: _____ Size: _____	Wet Suit: _____ mm  _____ mm  _____ mm  _____ mm  _____ mm  _____ mm 	Drysuit: <input type="checkbox"/>  Suit: <input type="checkbox"/>  _____ Liner: _____
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Conditions: Viz: _____ m/ft Current: _____	<div><input type="checkbox"/>  <input type="checkbox"/> Fresh</div> <div><input type="checkbox"/>  <input type="checkbox"/> Salt</div> <div><input type="checkbox"/>  <input type="checkbox"/> Shore</div> <div><input type="checkbox"/>  <input type="checkbox"/> Boat</div> <div><input type="checkbox"/> Night</div> <div><input type="checkbox"/> Surf</div> <div><input type="checkbox"/> Waves</div> <div><input type="checkbox"/> Surge</div> <div><input type="checkbox"/> Wreck</div> <div><input type="checkbox"/> Reef</div> <div><input type="checkbox"/> Deep</div> <div><input type="checkbox"/> Photo</div> <div><input type="checkbox"/> Drift</div> <div><input type="checkbox"/> Training</div> <div><input type="checkbox"/> Survey</div> <div><input type="checkbox"/> Recovery</div>	<div> _____ °C/°F</div> <div></div> <div>_____</div> <div>_____</div>
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Comments: _____

Previous Time: _____	Verification: _____ <input type="checkbox"/> Instructor <input type="checkbox"/> Divemaster <input type="checkbox"/> Buddy Certification # _____
This Dive: _____	
Total Time: _____	

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Comments: _____







Previous Time: _____	Verification: _____ <input type="checkbox"/> Instructor <input type="checkbox"/> Divemaster <input type="checkbox"/> Buddy Certification # _____
This Dive: _____	
Total Time: _____	

Dive #: _____ Location: _____

Date: _____ Dive Site: _____

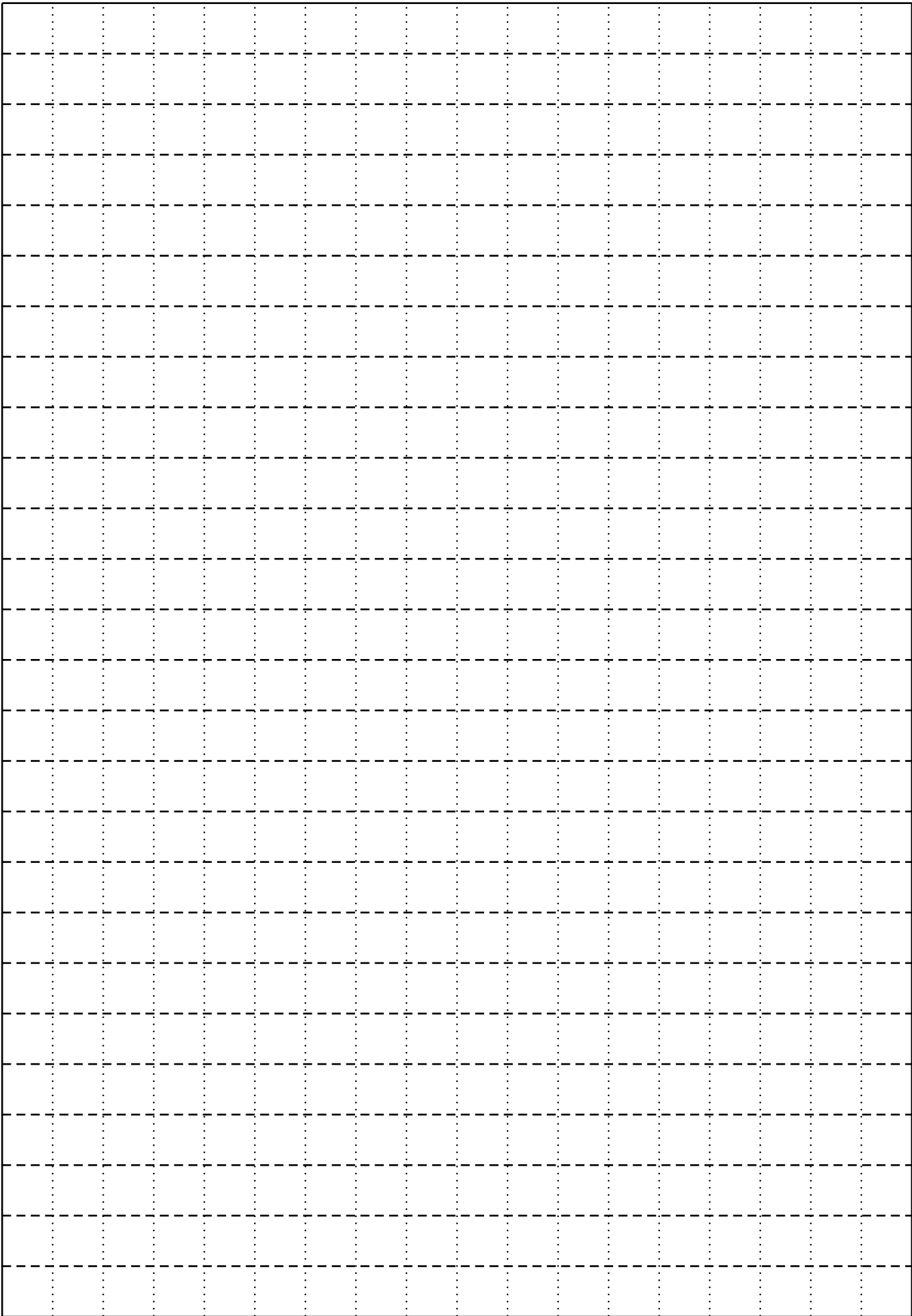
Entry: SI: _____ Time: _____ PG: _____ RNT: _____ Pres: _____ bar/psi	<div>Bottom Time: _____ min</div> <div>Avg.: _____ m/ft</div> <div>Safety Stop?</div> <div>_____ min</div> <div>_____ m/ft</div>	Entry: Time: _____ PG: _____ O ₂ %: _____ Pres: _____ bar/psi
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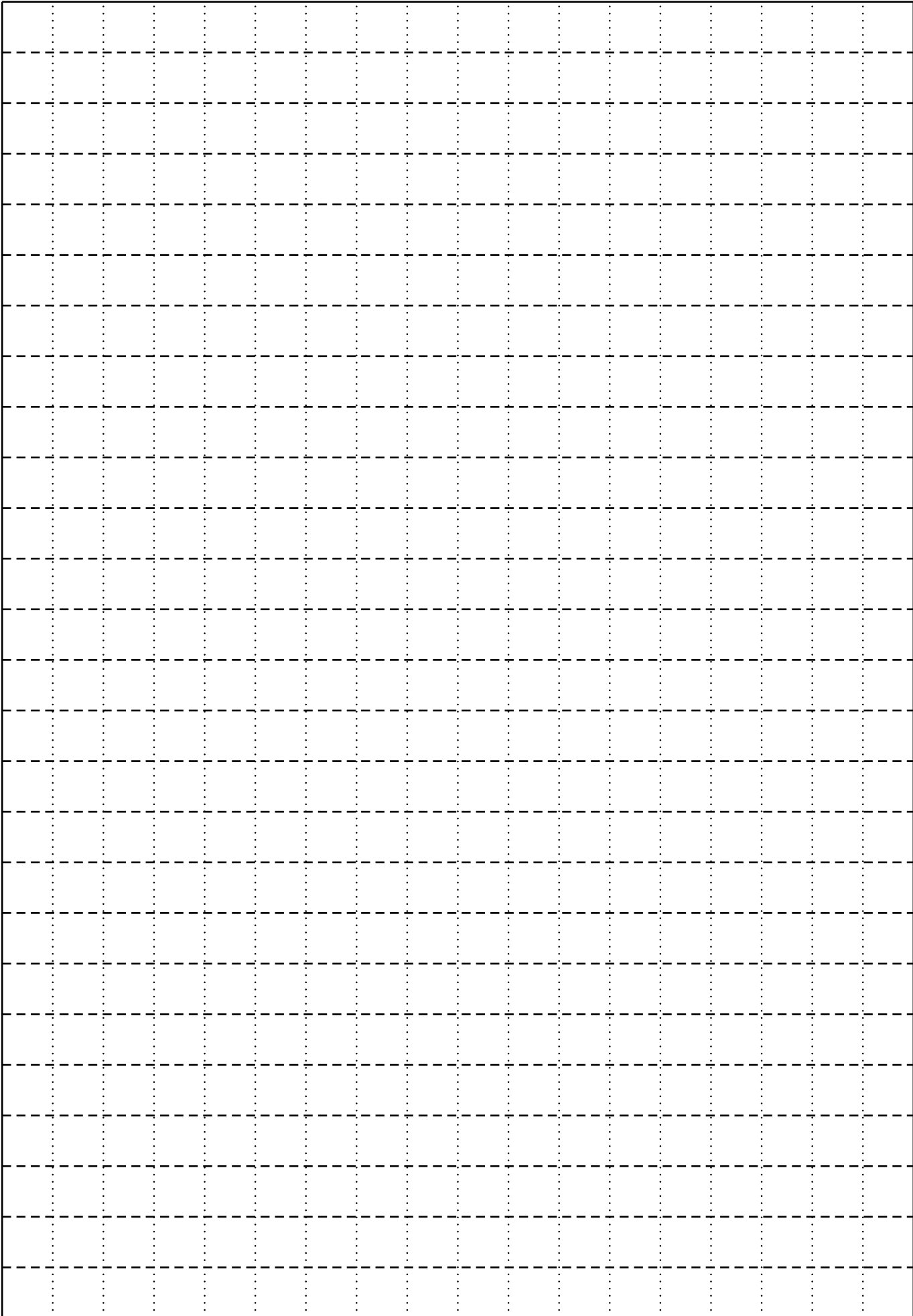
Weight: Ditch: _____ kg/lbs Trim: _____ kg/lbs	Tank/Gas: <input type="checkbox"/> Air <input type="checkbox"/> EAN _____ Type: _____ Size: _____	Wet Suit: _____ mm  _____ mm  _____ mm  _____ mm  _____ mm  _____ mm 	Drysuit: <input type="checkbox"/>  Suit: <input type="checkbox"/>  _____ Liner: _____
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Comments: _____









Previous Time: _____	Verification: _____ <input type="checkbox"/> Instructor <input type="checkbox"/> Divemaster <input type="checkbox"/> Buddy Certification # _____
This Dive: _____	
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Previous Time: _____ This Dive: _____ Total Time: _____	Verification: _____ <div><input type="checkbox"/> Instructor <input type="checkbox"/> Divemaster <input type="checkbox"/> Buddy</div> <div>Certification # _____</div>
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