















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? _____ min _____ m/ft</div> | Exit: Time: _____ : _____ PG: _____ O ₂ %: _____ Pres: _____ bar/psi |
|---|--|--|

| | | | |
|---|---|---|---|
| Weight: Ditchable: _____ kg/lbs Trim: _____ kg/lbs | Tank/Gas: Mix: _____ Type: _____ Size: _____ L/c.f. SAC: _____ L/min | Wet Suit: _____ mm  _____ mm  _____ mm  _____ mm  _____ mm  _____ mm  | Drysuit: <input type="checkbox"/>  Suit: <input type="checkbox"/>  _____ Liner: _____ |
|---|---|---|---|

| | | |
|---|---|---|
| Conditions: Viz: _____ m/ft Current: _____ | <div><input type="checkbox"/>  <input type="checkbox"/> Fresh <input type="checkbox"/> Night <input type="checkbox"/> Wreck <input type="checkbox"/> Drift</div> <div><input type="checkbox"/>  <input type="checkbox"/> Salt <input type="checkbox"/> Surf <input type="checkbox"/> Reef <input type="checkbox"/> Training</div> <div><input type="checkbox"/>  <input type="checkbox"/> Shore <input type="checkbox"/> Waves <input type="checkbox"/> Deep <input type="checkbox"/> Survey</div> <div><input type="checkbox"/>  <input type="checkbox"/> Boat <input type="checkbox"/> Surge <input type="checkbox"/> Photo <input type="checkbox"/> Recovery</div> | <div> _____ °C/°F</div> <div></div> <div>_____</div> <div>_____</div> |
|---|---|---|









Comments: _____







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

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? _____ min</div> <div>_____ m/ft</div> <div>_____ m/ft</div> | Exit: Time: _____ : _____ PG: _____ O ₂ %: _____ Pres: _____ bar/psi |
|---|---|--|

| | | | |
|---|---|---|---|
| Weight: Ditchable: _____ kg/lbs Trim: _____ kg/lbs | Tank/Gas: Mix: _____ Type: _____ Size: _____ L/c.f. SAC: _____ L/min | Wet Suit: _____ mm  _____ mm  _____ mm  _____ mm  _____ mm  _____ mm  | Drysuit: <input type="checkbox"/>  Suit: <input type="checkbox"/>  _____ Liner: _____ |
|---|---|---|---|

| | | |
|---|---|---|
| Conditions: Viz: _____ m/ft Current: _____ | <div><input type="checkbox"/>  <input type="checkbox"/> Fresh <input type="checkbox"/> Night <input type="checkbox"/> Wreck <input type="checkbox"/> Drift</div> <div><input type="checkbox"/>  <input type="checkbox"/> Salt <input type="checkbox"/> Surf <input type="checkbox"/> Reef <input type="checkbox"/> Training</div> <div><input type="checkbox"/>  <input type="checkbox"/> Shore <input type="checkbox"/> Waves <input type="checkbox"/> Deep <input type="checkbox"/> Survey</div> <div><input type="checkbox"/>  <input type="checkbox"/> Boat <input type="checkbox"/> Surge <input type="checkbox"/> Photo <input type="checkbox"/> Recovery</div> | <div> _____ °C/°F</div> <div></div> <div>_____</div> <div>_____</div> |
|---|---|---|









Comments: _____







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

Dive #: _____ Location: _____

Date: _____ Dive Site: _____

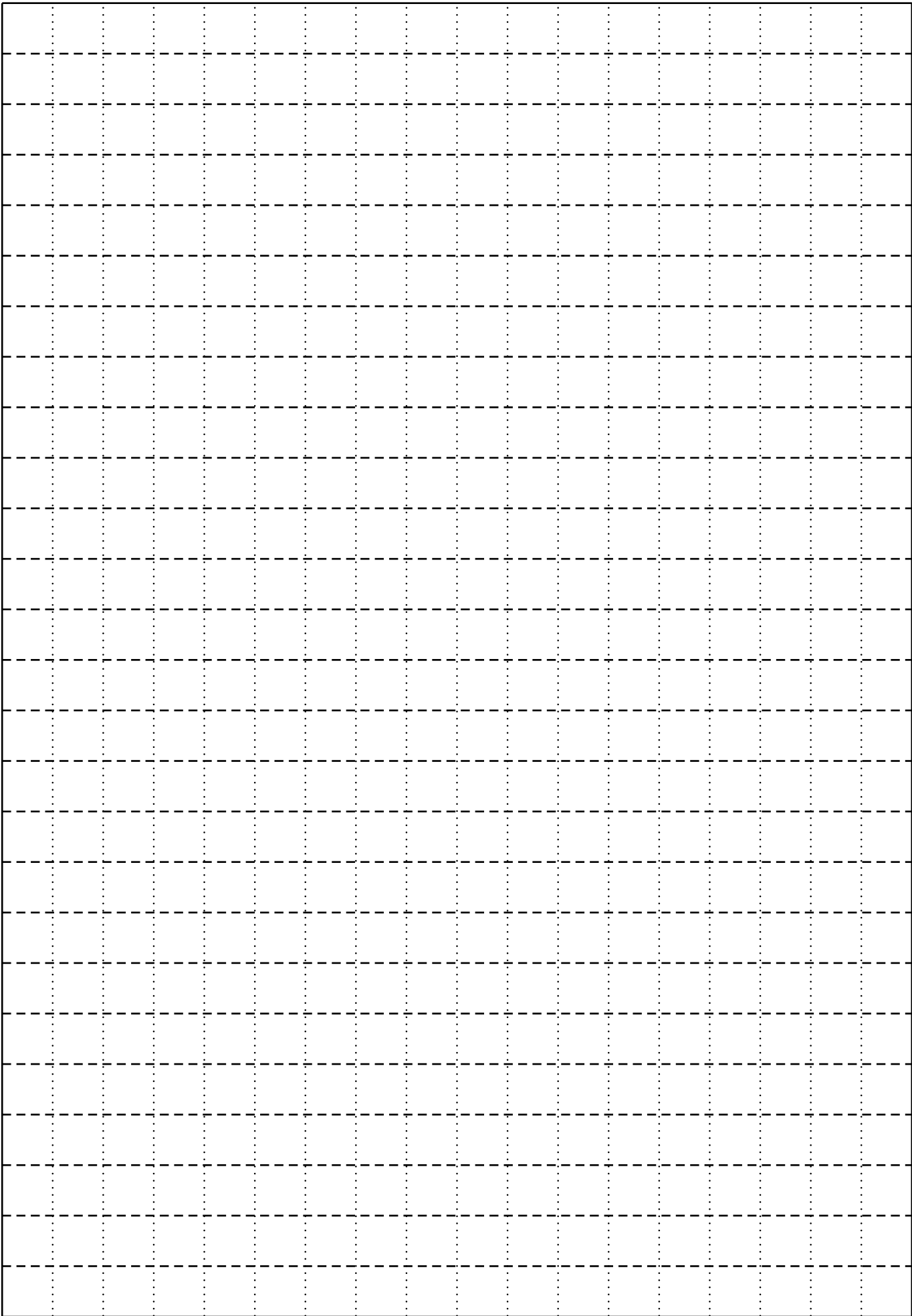
| | | |
|---|--|--|
| Entry: SI: _____ : _____ Time: _____ : _____ PG: _____ RNT: _____ Pres: _____ bar/psi | <div>Bottom Time: _____ min</div> <div>Avg.: _____ m/ft</div> <div>Safety Stop? _____ min _____ m/ft</div> | Exit: Time: _____ : _____ PG: _____ O ₂ %: _____ Pres: _____ bar/psi |
|---|--|--|

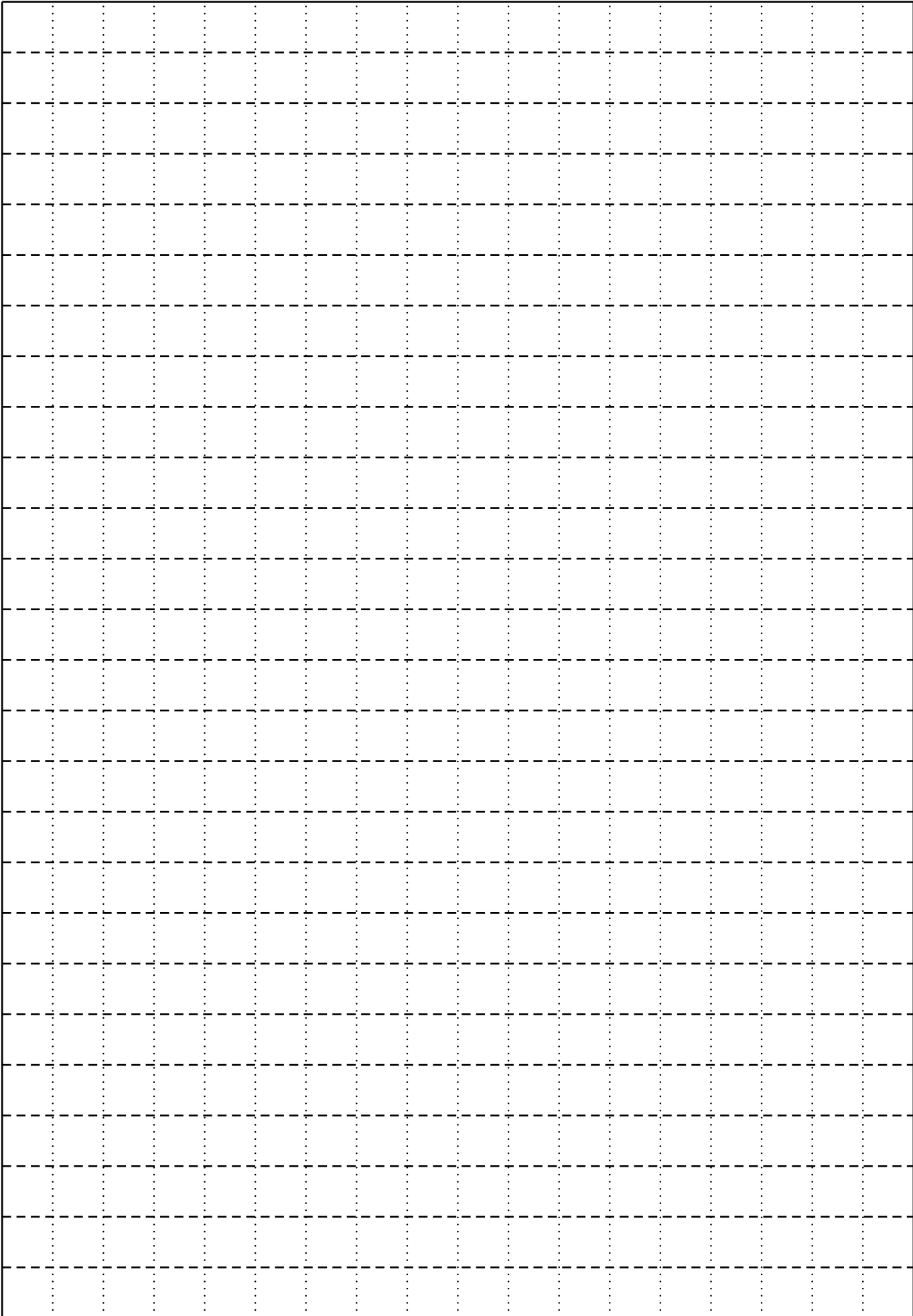
| | | | |
|---|---|---|---|
| Weight: Ditchable: _____ kg/lbs Trim: _____ kg/lbs | Tank/Gas: Mix: _____ Type: _____ Size: _____ L/c.f. SAC: _____ L/min | Wet Suit: _____ mm  _____ mm  _____ mm  _____ mm  _____ mm  _____ mm  | Drysuit: <input type="checkbox"/>  Suit: <input type="checkbox"/>  _____ Liner: _____ |
|---|---|---|---|

| | | |
|---|---|---|
| Conditions: Viz: _____ m/ft Current: _____ | <div><input type="checkbox"/>  <input type="checkbox"/> Fresh <input type="checkbox"/> Night <input type="checkbox"/> Wreck <input type="checkbox"/> Drift</div> <div><input type="checkbox"/>  <input type="checkbox"/> Salt <input type="checkbox"/> Surf <input type="checkbox"/> Reef <input type="checkbox"/> Training</div> <div><input type="checkbox"/>  <input type="checkbox"/> Shore <input type="checkbox"/> Waves <input type="checkbox"/> Deep <input type="checkbox"/> Survey</div> <div><input type="checkbox"/>  <input type="checkbox"/> Boat <input type="checkbox"/> Surge <input type="checkbox"/> Photo <input type="checkbox"/> Recovery</div> | <div> _____ °C/°F</div> <div></div> <div>_____</div> <div>_____</div> |
|---|---|---|

Comments: _____

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



















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? _____ min</div> <div>_____ m/ft</div> <div>_____ m/ft</div> | Exit: Time: _____ : _____ PG: _____ O ₂ %: _____ Pres: _____ bar/psi |
|---|---|--|

| | | | |
|---|---|---|---|
| Weight: Ditchable: _____ kg/lbs Trim: _____ kg/lbs | Tank/Gas: Mix: _____ Type: _____ Size: _____ L/c.f. SAC: _____ L/min | Wet Suit: _____ mm  _____ mm  _____ mm  _____ mm  _____ mm  _____ mm  | Drysuit: <input type="checkbox"/>  Suit: <input type="checkbox"/>  _____ Liner: _____ |
|---|---|---|---|

| | | |
|---|---|---|
| Conditions: Viz: _____ m/ft Current: _____ | <div><input type="checkbox"/>  <input type="checkbox"/> Fresh <input type="checkbox"/> Night <input type="checkbox"/> Wreck <input type="checkbox"/> Drift</div> <div><input type="checkbox"/>  <input type="checkbox"/> Salt <input type="checkbox"/> Surf <input type="checkbox"/> Reef <input type="checkbox"/> Training</div> <div><input type="checkbox"/>  <input type="checkbox"/> Shore <input type="checkbox"/> Waves <input type="checkbox"/> Deep <input type="checkbox"/> Survey</div> <div><input type="checkbox"/>  <input type="checkbox"/> Boat <input type="checkbox"/> Surge <input type="checkbox"/> Photo <input type="checkbox"/> Recovery</div> | <div> _____ °C/°F</div> <div></div> <div>_____</div> <div>_____</div> |
|---|---|---|









Comments: _____







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

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? _____ min _____ m/ft</div> | Exit: Time: _____ : _____ PG: _____ O ₂ %: _____ Pres: _____ bar/psi |
|---|--|--|

| | | | |
|---|---|---|---|
| Weight: Ditchable: _____ kg/lbs Trim: _____ kg/lbs | Tank/Gas: Mix: _____ Type: _____ Size: _____ L/c.f. SAC: _____ L/min | Wet Suit: _____ mm  _____ mm  _____ mm  _____ mm  _____ mm  _____ mm  | Drysuit: <input type="checkbox"/>  Suit: <input type="checkbox"/>  _____ Liner: _____ |
|---|---|---|---|

| | | |
|---|---|---|
| Conditions: Viz: _____ m/ft Current: _____ | <div><input type="checkbox"/>  <input type="checkbox"/> Fresh <input type="checkbox"/> Night <input type="checkbox"/> Wreck <input type="checkbox"/> Drift</div> <div><input type="checkbox"/>  <input type="checkbox"/> Salt <input type="checkbox"/> Surf <input type="checkbox"/> Reef <input type="checkbox"/> Training</div> <div><input type="checkbox"/>  <input type="checkbox"/> Shore <input type="checkbox"/> Waves <input type="checkbox"/> Deep <input type="checkbox"/> Survey</div> <div><input type="checkbox"/>  <input type="checkbox"/> Boat <input type="checkbox"/> Surge <input type="checkbox"/> Photo <input type="checkbox"/> Recovery</div> | <div> _____ °C/°F</div> <div></div> <div>_____</div> <div>_____</div> |
|---|---|---|

Comments: _____

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

Experience Summary as of _____

| Total to Date | Last Year | Since | |
|------------------|--------------|-------|------------------------------|
| _____ | _____ | _____ | Total Dives |
| _____ | _____ | _____ | Fresh Water |
| _____ | _____ | _____ | Salt Water |
| _____ | _____ | _____ | Nitrox |
| _____ | _____ | _____ | Shore |
| _____ | _____ | _____ | Boat |
| _____ | _____ | _____ | Cold (0–10 °C/32–50 °F) |
| _____ | _____ | _____ | Moderate (10–21 °C/50–70 °F) |
| _____ | _____ | _____ | Warm (>21°C/70 °F) |
| _____ | _____ | _____ | Good Visibility |
| _____ | _____ | _____ | Average Visibility |
| _____ | _____ | _____ | Poor Visibility |
| _____ | _____ | _____ | Night |
| _____ | _____ | _____ | Current |
| _____ | _____ | _____ | Waves |
| _____ | _____ | _____ | Surge |
| _____ | _____ | _____ | Deep (>60 ft, 18 m) |
| _____ | _____ | _____ | Wreck |
| _____ | _____ | _____ | Reef |
| _____ | _____ | _____ | Photo |
| _____ | _____ | _____ | Drift |
| _____ | _____ | _____ | Training |
| _____ | _____ | _____ | Survey |
| _____ | _____ | _____ | Recovery |
| _____ | _____ | _____ | _____ |