















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
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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: _____
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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>
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


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>
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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>	Exit: Time: _____ : _____ PG: _____ O ₂ %: _____ Pres: _____ bar/psi
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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: _____
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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>
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




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>
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Dive #: _____ Location: _____

Date: _____ Dive Site: _____

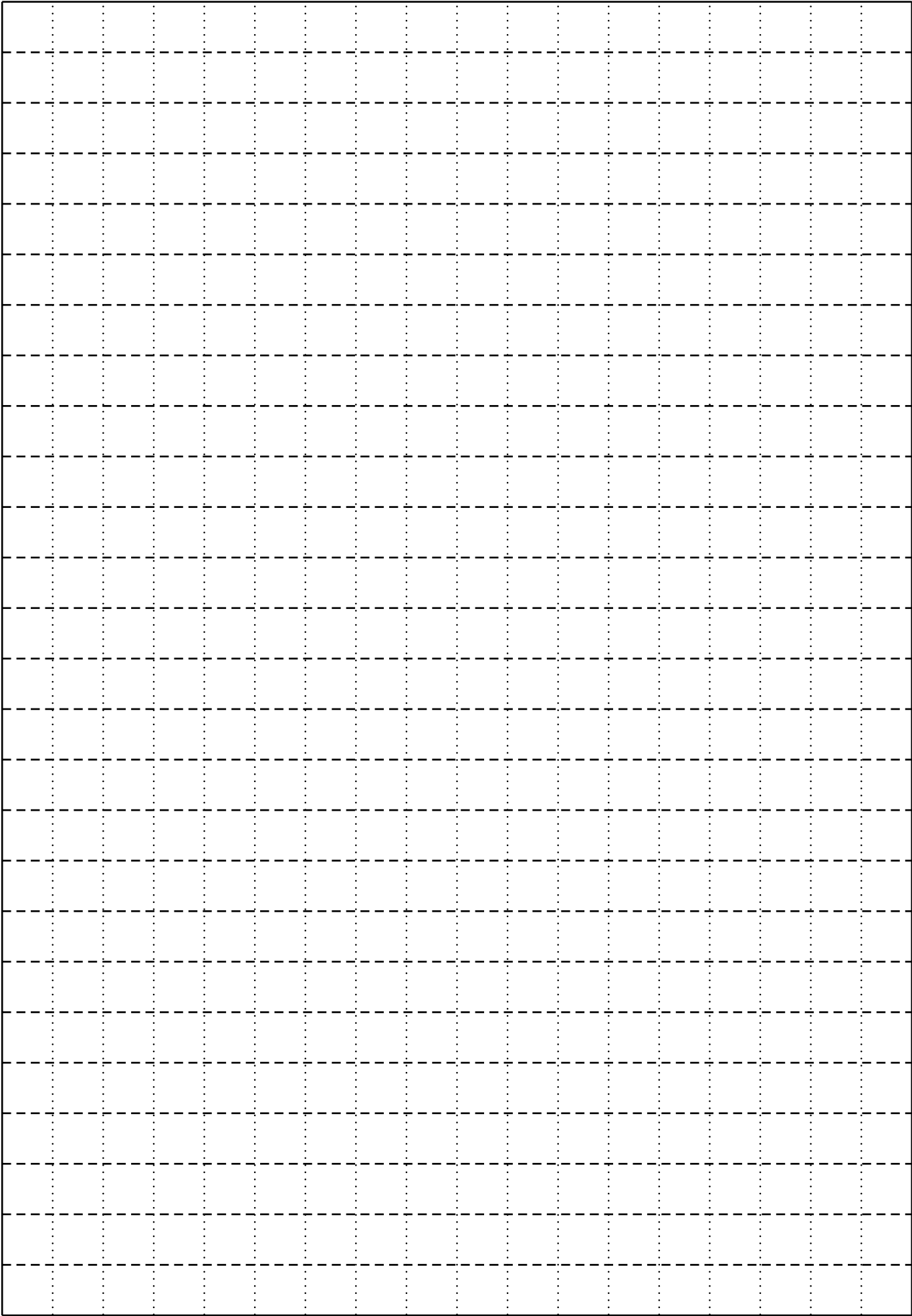
Entry: SI: _____ : _____ Time: _____ : _____ PG: _____ RNT: _____ Pres: _____ bar/psi	<div>Bottom Time: _____ min</div> <div>Avg.: _____ m/ft</div> <div>Safety Stop? _____ min _____ m/ft</div>	Exit: Time: _____ : _____ PG: _____ O ₂ %: _____ Pres: _____ bar/psi
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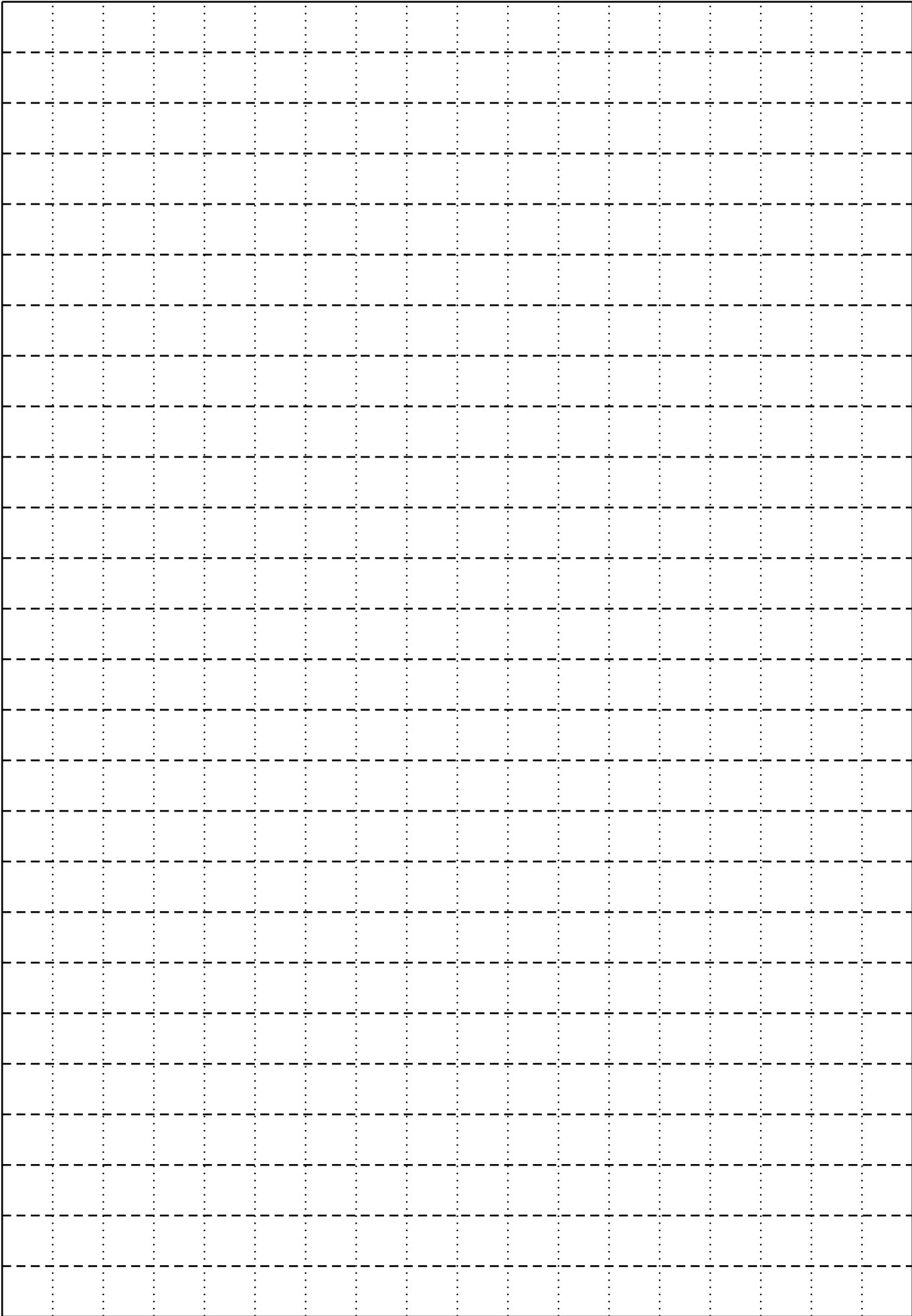
Weight: Ditchable: _____ kg/lbs Trim: _____ kg/lbs	Tank/Gas: Mix: _____ Type: _____ Size: _____ L/c.f. SAC: _____ L/min	Wet Suit: _____ mm  _____ mm  _____ mm  _____ mm  _____ mm  _____ mm 	Drysuit: <input type="checkbox"/>  Suit: <input type="checkbox"/>  _____ Liner: _____
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Conditions: 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>
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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>
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






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
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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: _____
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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>
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


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>
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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
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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: _____
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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>
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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>
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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
_____	_____	_____	_____









Experience Summary as of _____







Total to Date	Last Year	Since	
_____	_____	_____	Total Dives
_____	_____	_____	Fresh Water
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_____	_____	_____	Nitrox
_____	_____	_____	Shore
_____	_____	_____	Boat
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_____	_____	_____	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
_____	_____	_____	_____

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>	Exit: Time: _____ : _____ PG: _____ O ₂ %: _____ Pres: _____ bar/psi
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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: _____
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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>
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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>
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