












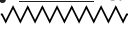
















Dive #: _____ Location: _____
Date: _____ Dive Site: _____

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	
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: _____
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>	

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	
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: _____
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>	

Comments: _____

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

Date: _____ Dive Site: _____

Entry: SI: _____ : _____ Time: _____ : _____ PG: _____ RNT: _____ Pres: _____ bar/psi		Bottom Time: _____ min Avg.: _____ m/ft _____ m/ft Safety Stop? _____ min _____ m/ft		Entry: Time: _____ : _____ PG: _____ O ₂ %: _____ Pres: _____ bar/psi	
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 	
Conditions: Viz: _____ m/ft Current: _____		<input type="checkbox"/> Fresh <input type="checkbox"/> Night <input type="checkbox"/> Wreck <input type="checkbox"/> Drift <input type="checkbox"/> Salt <input type="checkbox"/> Surf <input type="checkbox"/> Reef <input type="checkbox"/> Training <input type="checkbox"/> Shore <input type="checkbox"/> Waves <input type="checkbox"/> Deep <input type="checkbox"/> Survey <input type="checkbox"/> Boat <input type="checkbox"/> Surge <input type="checkbox"/> Photo <input type="checkbox"/> Recovery		_____ °C/°F  _____ _____	

Comments: _____

[illegible]

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

[illegible]

Dive #: _____ Location: _____
 Date: _____ Dive Site: _____

[illegible]

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