









Dive No. _____ Date ____/____/____ Location _____ Site _____ GPS _____		<u>Dive Time</u> IN _____: OUT _____: Total _____:	
Wreck <input type="checkbox"/> Reef <input type="checkbox"/> Cave <input type="checkbox"/> Training <input type="checkbox"/> Search & Recovery <input type="checkbox"/> Deep Dive <input type="checkbox"/> Night Dive <input type="checkbox"/> Altitude Dive <input type="checkbox"/> Ice Dive <input type="checkbox"/>		O <sub>2</sub> _____% IN _____ PSI OUT _____ PSI V _____ cf	
PG SI PG Avg _____ ft. Max _____ ft. Depth _____ Bottom Time _____		S.S. _____ DECO2 _____ DECO1 _____ ft. / mins	
RNT + ABT = TBT 		 GOOD <input type="checkbox"/> 2 much <input type="checkbox"/> 2 little <input type="checkbox"/>	
VIS. 15 30 45 60 75 + ft. Current _____ Fresh Salt Shore Boat Computer Scooter Camera <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		 Dry <input type="checkbox"/> _____ mm 	
Comments:			
Verification Signature: <input type="checkbox"/> Instructor <input type="checkbox"/> Divemaster <input type="checkbox"/> Buddy		Bottom Time to Date _____ Time This Dive + _____ Cumulative Time = _____	
Certification Number _____			

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