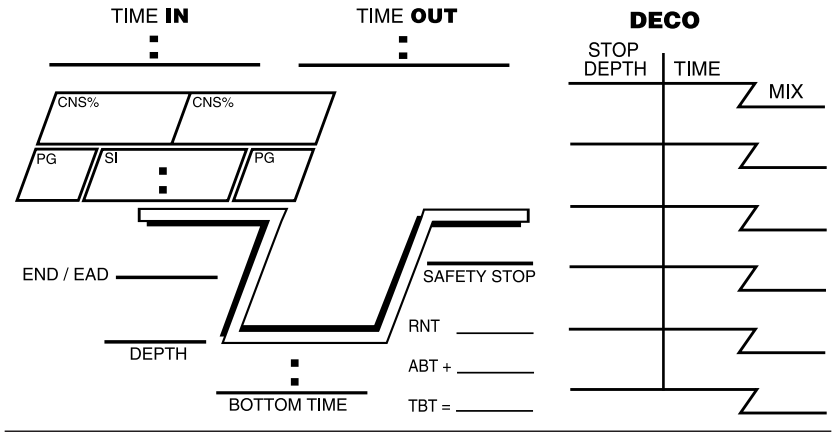


Dive No. _____ Date _____

Location _____



MIX _____	MIX _____	MIX _____
Start BAR / PSI _____	Start BAR / PSI _____	Start BAR / PSI _____
End BAR / PSI _____	End BAR / PSI _____	End BAR / PSI _____
Volume Used _____	Volume Used _____	Volume Used _____
Actual Depth _____	Actual Depth _____	Actual Depth _____
EAD / END _____	EAD / END _____	EAD / END _____
O ₂ Partial Press _____ ata	O ₂ Partial Press _____ ata	O ₂ Partial Press _____ ata
CNS _____% OTUs _____	CNS _____% OTUs _____	CNS _____% OTUs _____
Previous _____% _____	Previous _____% _____	Previous _____% _____
TOTAL _____% _____	TOTAL _____% _____	TOTAL _____% _____

Bottom Time to Date _____	Weight _____	TEMPERATURE _____ Air _____ Surface _____ Bottom
Time This Dive + _____	Exposure _____	
Cumulative Time = _____	Thermals _____	
	Visibility _____	

Comments _____

 Verification Signature _____ Certification Number _____

 Print Name _____ Phone Number _____