



RESCUE and DIVING SKILLS CHECKOUT REPORT

Name of Diver being evaluated: _____

Date: _____

Certification level: OBSERVER SCIENTIFIC WORKING ADVANCED WORKING MASTER

Name / location of Dive Unit: _____ Name of UDS: _____

Name of Diver conducting evaluation: _____ Signature: _____

PRELIMINARY OBSERVATIONS

Current training & medical:

Gear present and in good working condition:

- | | | | | |
|--|---|--|--|----------------------------------|
| <input type="checkbox"/> Dive Physical | <input type="checkbox"/> Regulator | <input type="checkbox"/> Bottom Timer | <input type="checkbox"/> Weight Belt/Harness | <input type="checkbox"/> Snorkel |
| <input type="checkbox"/> CPR | <input type="checkbox"/> Alt. 2nd Stage | <input type="checkbox"/> Dive Computer | <input type="checkbox"/> Cylinder | <input type="checkbox"/> Fins |
| <input type="checkbox"/> First Aid | <input type="checkbox"/> Pressure Gauge | <input type="checkbox"/> BCD | <input type="checkbox"/> Mask | <input type="checkbox"/> Knife |
| <input type="checkbox"/> Oxygen Administration | <input type="checkbox"/> Depth Gauge | <input type="checkbox"/> Wet/Dry Suit | | |

DIVER SKILL EVALUATION

(Note as U = Unsatisfactory, N = Needs Improvement, S = Satisfactory, E = Excellent)

Physical fitness	_____	Ditch and don BCD	_____
Swimming ability	_____	Weight belt removal / replacement	_____
Properly weighted	_____	Disconnect / reconnect inflators (BCD/Dry Suit)	_____
Buoyancy control	_____	V.V.D.S. roll outs & venting	_____
Controlled descent / ascent rate	_____	Pre-dive buddy check	_____
U/W communication (hand signals)	_____	Buddy contact and awareness during dive	_____
U/W navigation & orientation	_____	Buddy breathing	_____
Mask removal, replace & clear	_____	Surface unconscious diver	_____
Regulator recovery	_____	Recover unconscious diver from water	_____

POST DIVE ASSESSMENT

Critique of ability and skills

Remarks or problems encountered