



REPORT OF NOAA SKILLS EVALUATION CHECKOUT DIVE

Name (Last, First, MI) _____ Date _____ Unit/Location/UDS _____

Dive Plan: _____

Dive Location: _____ Dive Platform: _____

Water Temp: _____ Surface Conditions: _____

Bottom Time: _____ Depth: _____ Visibility: _____ Current: _____

PRELIMINARY OBSERVATIONS

Prior to commencing the checkout dive, the equipment used by the individual shall be inspected to ensure that it is in a safe/operable condition. The individual should be diving with equipment that will be used during the project or operation. The dive plan and dive emergency plan will be reviewed with diver prior to dive.

Diving Equipment Condition: Check that all diving equipment has been properly maintained. Verify gear chosen is adequate and diver is trained and authorized for use. (i.e. A diver must have attended an approved training course in the use of dry suits in order to use a dry suit on a checkout dive.)

(Note condition as either P = Poor, S = Satisfactory, E = Excellent)

Item	Brand	Condition	Date Purchased	Last Inspected	NOAA (N) or Personal (P)
Regulator	_____	_____	_____	_____	_____
Air II/Octopus	_____	_____	_____	_____	_____
Pressure gauge	_____	_____	_____	_____	_____
Depth gauge	_____	_____	_____	_____	_____
Bottom Timer	_____	_____	_____	_____	_____
Cylinder	_____	_____	_____	_____	_____
BC	_____	_____	_____	_____	_____
Wet/Dry Suit	_____	_____	_____	_____	_____
Knife	_____	_____	_____	_____	_____
Fins	_____	_____	_____	_____	_____
Mask/Snorkel	_____	_____	_____	_____	_____

Pre-dive assessment:

- _____ Diving physical completed, reviewed and approved by NDC
- _____ Observe set up of equipment, note any fumbling or improper setup.
- _____ Evaluate knowledge of equipment operation
- _____ Is the individual physically fit and able to carry own equipment topside
- _____ Anxiety level (observe for unusual or questionable behavior)
- _____ Determine if any deficiencies exist prior to commencing dive
- _____ Evaluate judgement, motivation, and professional attitude
- _____ Review safety protocols with diver; (In-water and Topside)
- _____ Select and discuss the characteristics of appropriate dive site(s)
- _____ Review evaluation skills on surface prior to dive
- _____ Verify that diving gear chosen and diving technique are adequate and authorized for use

Evaluate & Review pre-dive:

- Dive Planning _____
- Dive Table Knowledge _____
- Dive Emergency Plan _____
- Diving from Small boat _____
- Ascent/Descent Rates _____
- Environmental Conditions _____
- Assessment at dive site _____

DIVER SKILL EVALUATION

Assess diver ability on execution of skills relative to performance of tasks required for project/diving operations. Be objective in your observation. (Note as U = Unsatisfactory, N = Needs Improvement, S = Satisfactory, E = Excellent)

Physical condition	_____	Surface kick (flutter, scissors)	_____
Swimming ability	_____	Snorkeling skills (clearing at surface)	_____
Equipment knowledge/setup	_____	Ditch & don B.C. (pool.skill & open water)	_____
Water entry	_____	Regulatory recovery	_____
Weighted properly	_____	Clearing flooded mask	_____
Free dive with mask & snorkel	_____	Mask removal, replace & clear	_____
Buoyancy control at surface	_____	Buddy breathing	_____
Buoyancy control at mid-water	_____	Weight belt removal/replacement	_____
Buoyancy control at depth	_____	VVDS roll outs & venting	_____
Controlled ascent/descent rate	_____	Disconnect/reconnect inflators (BC/Dry Suit)	_____
U/W communication (hand signals)	_____	Knowledge of systems gas mixtures used during the dive	_____
U/W-navigation/orientation	_____	Buddy Contact and awareness during dive	_____
Buddy check	_____	Break down of equipment and site cleanup	_____

Awareness/anxiety assessment: (apprehensive, cautious, comfortable): _____

Critique of ability & skills: _____

Remarks or problems encountered: _____

POST DIVE ASSESSMENT

Critique: judgement, motivation, professional attitude, proper use of diving tables etc: _____

Indicate deficiency areas: _____

Refresher training needed, recommended, required, or not required (Y/N): _____

Additional training needed: _____

RECOMMENDATIONS

Re-certification at current level: YES NO (if no, recommend level below and training required above)

Certification level of: OBSERVER TRAINEE ADVANCED WORKING
 SCIENTIFIC WORKING MASTER

Certification Restrictions: _____

Evaluated by: Name: _____ Title: _____

Signature: _____ Date: _____

This form along with completed NOAA dive logs, and/or Diving Resume must be submitted to NDC for diver re-certification after review by UDS.