

Dive No.	Date	Dive buddy	
Location			
Time IN :	Time OUT :		
Air START	Air END		
Weight kg	Temperature		
Tank <input type="checkbox"/> Ai <input type="checkbox"/> St <input type="checkbox"/> Cb	_____ Air		
_____ l	_____ Surface		
Visibility m	_____ Bottom		
Exposure Protection 		Conditions <input type="checkbox"/> Salt <input type="checkbox"/> Waves <input type="checkbox"/> Night <input type="checkbox"/> Sunny <input type="checkbox"/> Fresh <input type="checkbox"/> Current <input type="checkbox"/> Wreck <input type="checkbox"/> Cloudy <input type="checkbox"/> Shore <input type="checkbox"/> Surf <input type="checkbox"/> Drift <input type="checkbox"/> Rain/snow <input type="checkbox"/> Boat <input type="checkbox"/> Surge <input type="checkbox"/> Deco <input type="checkbox"/> Windy	
EANx %	MOD m	TOD m	EAD m

**Comments** *(Suggestions: location, activity, specialty, dive boat, diving conditions, equipment, aquatic life, underwater geography/topography)*

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Instructor		Dive Time to Date _____ :
Divemaster		Time This Dive + _____ :
Buddy		Cumulative Time = _____ :

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