

UA DIVING SAFETY PROGRAM MONTHLY DIVE LOG

Submit on disk or via email to Stephen Jewett (PO Box in O'Neill 245 or jewett@ims.uaf.edu).

Name _____ Signature _____
 Month _____ Year 2007 Certification Depth 100'

#				Dive Time		Bottom Time	Safety Stop Depth/Time	Max Depth f	Tables t or Computer c	Purpose*	Conditions/ Comments
	Date	Buddy	Location	In	Out						
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											

Indicate total activity for the month:					
Depth Range	0-30'	31-60'	61-100'	>100'	>0
# of Dives	0	0	0	0	0
Total BT: tables	0	0	0	0	0
# Dives: tables	0	0	0	0	0
Total BT: comput	0	0	0	0	0
# Dives: comput	0	0	0	0	0

* Purpose: Research (please specify project),
 Training, Proficiency, Sport

Did any equipment problems, accidents or potent
 dangerous experiences occur? Yes___ No___
 If yes explain in detail.