

SCUBA REGULATOR SERVICE FORM

UNIVERSITY CALIFORNIA, DAVIS -- SCIENTIFIC DIVING PROGRAM

Diver's name: _____ Date: _____

Regulator make/model: 1st stage: _____

2nd stage: _____

Alt 2nd: _____

Serial number(s): 1st stage: _____

Primary 2nd stage: _____

Alternate 2nd stage: _____

Checks:

Acceptable

1. Overall appearance; dry rot, corrosion, cuts, nicks, etc. _____

2. Pressure check 1st stage to manufacturer specs (No creep, acceptable droop) _____

3. Intermediate pressure _____ @ _____

4. No leaks or free flow? _____

5. Ease of breathing _____

6. Purge flow rate _____

7. SPG is accurate? No leak at swivel? _____

Comments: _____

Regulator passes _____ Regulator fails _____

Technician signature: _____

Dive shop/facility stamp:

Buoyancy Compensator Check Form

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Diver's name: _____ Date: _____

BC make/model: _____

Integrated Alternate Air Source? ___ Functional? _____ (see regulator check form)

Serial number: _____

New _____ Receipt _____ Used _____

Comments:

Checks:

Acceptable

- | | |
|---|-------|
| 1. Check overall appearance, dry rot, holes, hoses | _____ |
| 2. Check for leaks | _____ |
| 3. Check inflator unit for function, no sticking, lube | _____ |
| 4. Check all dump valves for function | _____ |
| 5. Check tank strap and buckle for signs of wear and tear | _____ |

BC passes: _____ BC fails: _____

Technician signature: _____

Dive shop/facility stamp: