



DIVE EVALUATION CHECKLIST

To be completed before each and every Confined or Open Water Training Session

Dive Centre Name: _____

Weather: Sunny Cloudy Partly cloudy
Raining Overcast

Instructor Name: _____

Wind speed / direction: _____

Location: _____

Forecast Weather Conditions
Changes: _____

Date / Time: _____

Confined / Open Water Level: _____

Temperatures:

Assistant Name: _____

Above water: _____

Surface Supervisor: _____

Below water: _____

First Aid Provider: _____

Conditions: _____

Risk Management Plan on Hand: Y N

Tide: _____

Emergency Medical Service Contact Details:

Current & direction: _____

Surge: Y N

Recompression Chamber Site and Contact:

Visibility
Horizontal: _____ Vertical: _____

First Aid and Oxygen Provider Kit/Pak on Hand:
Y N

Bottom Type: _____

Safety Precautions: _____

Where?: _____

Entry & Exit: _____

Other: _____

Vessel Name: _____

Captain Name: _____

Dive Site: _____



I, as signed below, do hereby confirm I have read in full the "Dive Evaluation Check List" and confirm the above details as true and correct and that the other participants shall stand as my witness. I am aware of and understand the inherent risks and hazards of scuba diving, including but not limited to, those risks and hazards occurring during boat travel, Entry and Exit which may result, directly or in directly, in serious injury or death.

I further confirm and accept the conditions and that these conditions may change without warning, not with-standing which, I am ready and willing to proceed with the diver training in accordance with the training programme and declare that I am in good mental and physical fitness for diving and I am not under the influence of alcohol, nor am I under the influence of any drugs that are contra indicatory to diving. I hereby personally and under witness assume all risks of this programme, whether foreseen or unforeseen, that may befall me while I am a participant in this programme.

I further release, exempt and hold harmless the said programme and Release all parties, whether passive or active, from any claim or lawsuit by me, my family, estate, heirs or assigns, arising out of my participation in this programme including claims arising during the programme or after certification.

	Name	Date	Signature
Instructor	_____	_____	_____
Assistant Instructor	_____	_____	_____
Surface Supervisor	_____	_____	_____
Student name	_____	_____	_____
Student name	_____	_____	_____
Student name	_____	_____	_____
Student name	_____	_____	_____
Student name	_____	_____	_____
Student name	_____	_____	_____
Student name	_____	_____	_____
Student name	_____	_____	_____

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