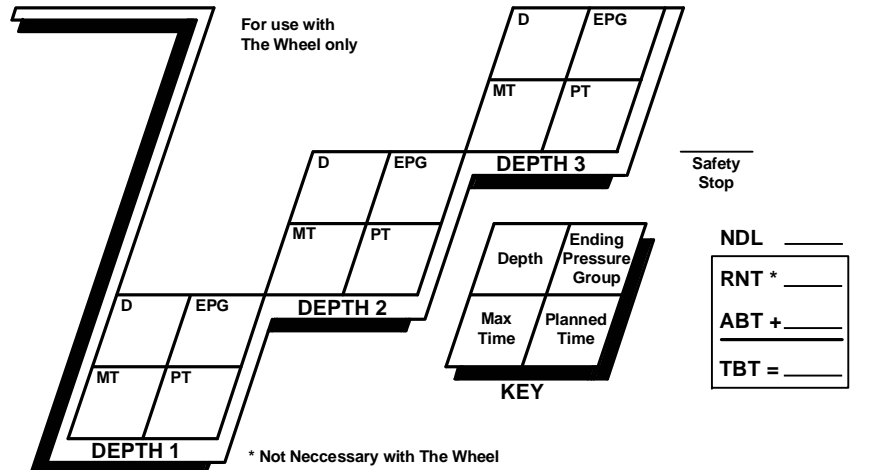


Dive No. _____ Date _____

Location _____

START (psi) _____	Time (IN) _____ : _____ : _____	Time (OUT) _____ : _____ : _____	END (psi) _____
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SI _____	PG _____
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Safety Stop

NDL _____

RNT * _____

ABT + _____

TBT = _____

Verification Signature: _____

Instructure Divemaster Buddy

Certification No. _____

Bottom Time to Date _____

Time This Dive _____

Cum Time _____

Environment	Dive Type	Activities
<input type="checkbox"/> Ocean <input type="checkbox"/> Tropical <input type="checkbox"/> Quarry <input type="checkbox"/> Lake <input type="checkbox"/> River <input type="checkbox"/> Cold Water	<input type="checkbox"/> Boat Dive <input type="checkbox"/> Beach Dive <input type="checkbox"/> Drift Dive <input type="checkbox"/> Multi-Level <input type="checkbox"/> Training <input type="checkbox"/> Deep Dive <input type="checkbox"/> Night Dive <input type="checkbox"/> Altitude Dive <input type="checkbox"/> Ice Dive	<input type="checkbox"/> Wreck Dive <input type="checkbox"/> Reef Dive <input type="checkbox"/> Cave Dive <input type="checkbox"/> Training <input type="checkbox"/> Search & Recov <input type="checkbox"/> UW Photo <input type="checkbox"/> UW Nav <input type="checkbox"/> UW Naturalist <input type="checkbox"/> UW Research

Conditions	Tide	Weather	Temp	Visibility	Wet Suit
<input type="checkbox"/> Calm <input type="checkbox"/> Choppy <input type="checkbox"/> Swells <input type="checkbox"/> Current _____ Knts	<input type="checkbox"/> High <input type="checkbox"/> Low <input type="checkbox"/> Slack <input type="checkbox"/> Freshwater <input type="checkbox"/> Saltwater	<input type="checkbox"/> Sunny <input type="checkbox"/> Cloudy <input type="checkbox"/> Foggy <input type="checkbox"/> Raining <input type="checkbox"/> Windy	_____ Air _____ Surf _____ Bot	_____ ft Weight _____ lbs	<input type="checkbox"/> Full _____ ml <input type="checkbox"/> Shorty _____ ml <input type="checkbox"/> Hood _____ ml <input type="checkbox"/> Gloves _____ ml <input type="checkbox"/> None

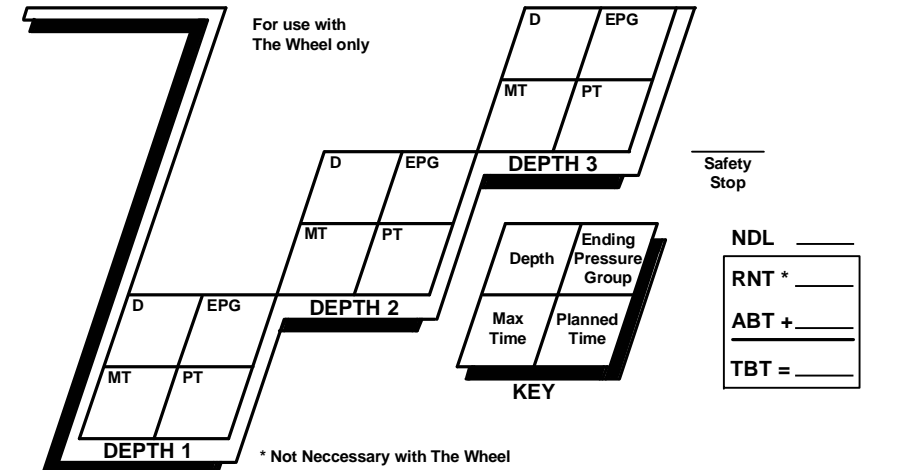
Comments: (Aquatic Life, Underwater Geography/Topography) _____

Dive No. _____ Date _____

Location _____

START (psi) _____	Time (IN) _____ : _____ : _____	Time (OUT) _____ : _____ : _____	END (psi) _____
-------------------	---------------------------------------	--	-----------------

SI _____	PG _____
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Safety Stop

NDL _____

RNT * _____

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Instructure Divemaster Buddy

Certification No. _____

Bottom Time to Date _____

Time This Dive _____

Cum Time _____



Environment	Dive Type	Activities
<input type="checkbox"/> Ocean <input type="checkbox"/> Tropical <input type="checkbox"/> Quarry <input type="checkbox"/> Lake <input type="checkbox"/> River <input type="checkbox"/> Cold Water	<input type="checkbox"/> Boat Dive <input type="checkbox"/> Beach Dive <input type="checkbox"/> Drift Dive <input type="checkbox"/> Multi-Level <input type="checkbox"/> Training <input type="checkbox"/> Deep Dive <input type="checkbox"/> Night Dive <input type="checkbox"/> Altitude Dive <input type="checkbox"/> Ice Dive	<input type="checkbox"/> Wreck Dive <input type="checkbox"/> Reef Dive <input type="checkbox"/> Cave Dive <input type="checkbox"/> Training <input type="checkbox"/> Search & Recov <input type="checkbox"/> UW Photo <input type="checkbox"/> UW Nav <input type="checkbox"/> UW Naturalist <input type="checkbox"/> UW Research

Conditions	Tide	Weather	Temp	Visibility	Wet Suit
<input type="checkbox"/> Calm <input type="checkbox"/> Choppy <input type="checkbox"/> Swells <input type="checkbox"/> Current _____ Knts	<input type="checkbox"/> High <input type="checkbox"/> Low <input type="checkbox"/> Slack <input type="checkbox"/> Freshwater <input type="checkbox"/> Saltwater	<input type="checkbox"/> Sunny <input type="checkbox"/> Cloudy <input type="checkbox"/> Foggy <input type="checkbox"/> Raining <input type="checkbox"/> Windy	_____ Air _____ Surf _____ Bot	_____ ft Weight _____ lbs	<input type="checkbox"/> Full _____ ml <input type="checkbox"/> Shorty _____ ml <input type="checkbox"/> Hood _____ ml <input type="checkbox"/> Gloves _____ ml <input type="checkbox"/> None

Comments: (Aquatic Life, Underwater Geography/Topography) _____

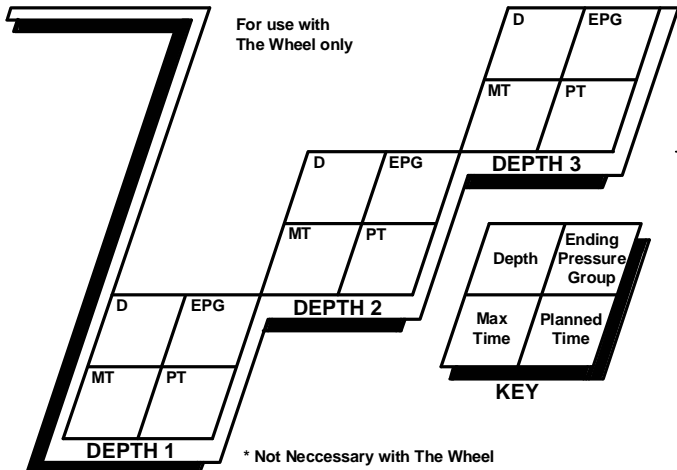
Dive No. _____ Date _____

Location _____

 START (psi) _____	Time (IN) _____	Time (OUT) _____	 END (psi) _____
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SI _____	PG _____
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For use with The Wheel only



Safety Stop

NDL _____

RNT * _____

ABT + _____

TBT = _____

* Not Necessary with The Wheel

Verification Signature: _____

Instructure Divemaster Buddy

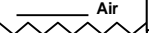
Certification No. _____

Bottom Time to Date _____

Time This Dive _____

Cum Time _____



Environment	Dive Type	Activities
<input type="checkbox"/> Ocean <input type="checkbox"/> Cold Water <input type="checkbox"/> Tropical <input type="checkbox"/> _____ <input type="checkbox"/> Quarry <input type="checkbox"/> Lake <input type="checkbox"/> River	<input type="checkbox"/> Boat Dive <input type="checkbox"/> Deep Dive <input type="checkbox"/> Beach Dive <input type="checkbox"/> Night Dive <input type="checkbox"/> Drift Dive <input type="checkbox"/> Altitude Dive <input type="checkbox"/> Multi-Level <input type="checkbox"/> Ice Dive <input type="checkbox"/> Training	<input type="checkbox"/> Wreck Dive <input type="checkbox"/> UW Photo <input type="checkbox"/> Reef Dive <input type="checkbox"/> UW Nav <input type="checkbox"/> Cave Dive <input type="checkbox"/> UW Naturalist <input type="checkbox"/> Training <input type="checkbox"/> UW Research <input type="checkbox"/> Search & Recov

Conditions	Tide	Weather	Temp	Visibility	Wet Suit
<input type="checkbox"/> Calm <input type="checkbox"/> High <input type="checkbox"/> Choppy <input type="checkbox"/> Low <input type="checkbox"/> Swells <input type="checkbox"/> Slack <input type="checkbox"/> Current <input type="checkbox"/> Freshwater _____ Knts <input type="checkbox"/> Saltwater	<input type="checkbox"/> Sunny <input type="checkbox"/> Cloudy <input type="checkbox"/> Foggy <input type="checkbox"/> Raining <input type="checkbox"/> Windy	_____ Air  _____ Surf _____ Bot	_____ ft Weight _____ lbs	<input type="checkbox"/> Full _____ ml <input type="checkbox"/> Shorty _____ ml <input type="checkbox"/> Hood _____ ml <input type="checkbox"/> Gloves _____ ml <input type="checkbox"/> None	

Comments: (Aquatic Life, Underwater Geography/Topography) _____

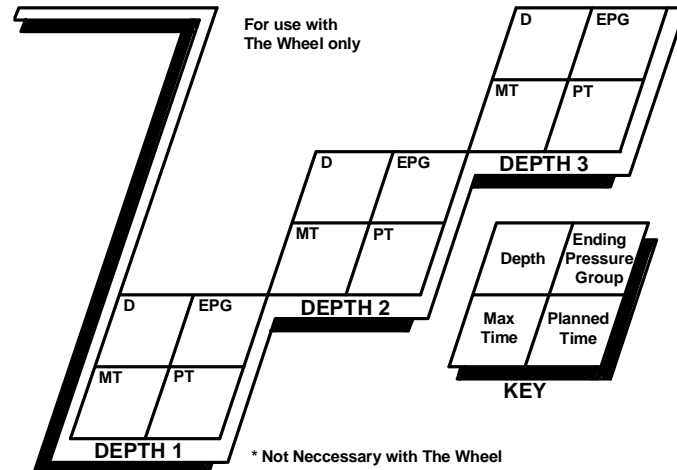
Dive No. _____ Date _____

Location _____

 START (psi) _____	Time (IN) _____	Time (OUT) _____	 END (psi) _____
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SI _____	PG _____
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For use with The Wheel only



Safety Stop

NDL _____

RNT * _____

ABT + _____

TBT = _____

* Not Necessary with The Wheel

Verification Signature: _____

Instructure Divemaster Buddy

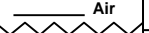
Certification No. _____

Bottom Time to Date _____

Time This Dive _____

Cum Time _____

Environment	Dive Type	Activities
<input type="checkbox"/> Ocean <input type="checkbox"/> Cold Water <input type="checkbox"/> Tropical <input type="checkbox"/> _____ <input type="checkbox"/> Quarry <input type="checkbox"/> Lake <input type="checkbox"/> River	<input type="checkbox"/> Boat Dive <input type="checkbox"/> Deep Dive <input type="checkbox"/> Beach Dive <input type="checkbox"/> Night Dive <input type="checkbox"/> Drift Dive <input type="checkbox"/> Altitude Dive <input type="checkbox"/> Multi-Level <input type="checkbox"/> Ice Dive <input type="checkbox"/> Training	<input type="checkbox"/> Wreck Dive <input type="checkbox"/> UW Photo <input type="checkbox"/> Reef Dive <input type="checkbox"/> UW Nav <input type="checkbox"/> Cave Dive <input type="checkbox"/> UW Naturalist <input type="checkbox"/> Training <input type="checkbox"/> UW Research <input type="checkbox"/> Search & Recov

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Comments: (Aquatic Life, Underwater Geography/Topography) _____
