



California State Universities - Ocean Studies Institute
AAUS Scientific Diving Course
Application Package



Application Checklist and Required Supporting Documents:

- Copy of your Open Water card or higher, from a nationally recognized training organization (NAUI, PADI, SDI, etc.)
- Completed Scientific Diving program course application (page 2)
- Signed liability waiver (page 3)
- Current medical results (forms attached) - take all forms to the physician
- Form I - Diving Medical Exam Overview for the Examining Physician – for the physician
- Form II - Diving Medical History - return completed, signed to the Dive Safety Officer
- Form III - Applicant's Release of Medical Information Form – for the physician
- Form IV - AAUS Medical Evaluation of Fitness for Scuba Diving Report- return completed, signed and dated by the physician to the Dive Safety Officer
- Proof of dive equipment testing or service within the last 12 months (instructions and form attached.) this includes new equipment (all scuba gear must be bench tested prior to use under OSI guidelines). A visual inspection of all dive equipment will be conducted on the first day. Equipment deemed "unsafe" or not in good working order, will not be allowed for use in the course.
- Proof of Dive Insurance – you are responsible for your medical coverage and most health insurance policies do not cover scuba diving. We require that you obtain dive insurance such as that provided by Divers Alert Network (DAN) diversalertnetwork.org. A list of providers can be found at scmi.net.

Please Note: CPR, First Aid (Primary and Secondary Care), Oxygen Administration, and Field Neurological Evaluation training will be offered as part of the course. It is highly recommended that you participate in this section of the course, however if you can provide proof of current emergency response training per AAUS standards you may elect to waive this section.

Please email the above documents to:

darrell.montague@csulb.edu

Or mail the above documents to:

Ocean Studies Institute
AAUS Scientific Diving Course
Attn: Dive Safety Officer
820 South Seaside Avenue
Terminal Island, CA 90731

Feel free to contact the DSO if you have any questions

Email: darrell.montague@csulb.edu
Mobile: (626) 399-3308
SCMI: (310) 519-3172 ext 976



California State Universities - Ocean Studies Institute
AAUS Scientific Diving Course
Application



PLEASE PRINT CLEARLY

COURSE START DATE: _____

Name: _____ Date _____

Student ID# _____ CSU Campus: _____

Mailing Address: _____
 Street City State zip

Phone: _____ Email: _____

Mobile Phone: _____ Faculty Referral: _____

Diving Certification(s) Held

| <u>Agency (NAUI, PADI, etc.)</u> | <u>Level of Certification</u> | <u>Date Completed Month/Year</u> |
|----------------------------------|-------------------------------|----------------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

No of Dives: _____ No Past 12 Months _____ Date of Last Dive: _____

Geographical Area(s) of Diving Experience: _____

I Have Experience in the Following (check all that apply):

- | | | | | |
|-------------------------------------|--------------------------------------|----------------------------------|-----------------------------------|---|
| <input type="checkbox"/> Warm Water | <input type="checkbox"/> Surf | <input type="checkbox"/> Wetsuit | <input type="checkbox"/> Night | <input type="checkbox"/> NITROX |
| <input type="checkbox"/> Cold Water | <input type="checkbox"/> Boat | <input type="checkbox"/> Drysuit | <input type="checkbox"/> Wreck | <input type="checkbox"/> Shore Dive |
| <input type="checkbox"/> Blue Water | <input type="checkbox"/> Cave/Cavern | <input type="checkbox"/> Kelp | <input type="checkbox"/> Currents | <input type="checkbox"/> Low Visibility |

Emergency Contact Information

Name: _____ Relationship _____

Home Address: _____
 Street City State zip

Work Address: _____
 Street City State zip

Phone: _____ Email: _____

Course fees: \$500 for OSI divers and \$600 for SCMI divers, \$1,200 for non-member divers*.

Make check payable to "USC/SCMI" and send with application to:

Ocean Studies Institute
 AAUS Scientific Diving Course
 Attn: Dive Safety Officer
 820 South Seaside Avenue
 Terminal Island, CA 90731



California State Universities - Ocean Studies Institute

Scuba Diving

General Release of All Claims



In consideration of my participation in the voluntary, extracurricular activity described below, I hereby agree to assume all risk of any kind of injury or damage I may receive or sustain as a result of my participation, including property damage, personal injury or death. Accordingly by signing below, I hereby completely release and hold harmless and forever discharge the State of California; the Trustees of the California State University; California State University, Long Beach; the Ocean Studies Institute and the Southern California Marine Institute; and each and every officer, agent, volunteer and employee of each of them, from liability or responsibility for any and all claims, damages, injuries, losses or causes of action that may result from or arise out of my participation in the described activities. I also understand and agree that this release shall be binding as against my heirs and assigns.

I hereby apply for permission to engage in scuba diving at the California State University, Ocean Studies Institute and or OSI sponsored diving operations at other locations. I acknowledge that in the event such permission is granted it will be granted to me as a voluntary diver. I am fully aware of the risks inherent in scuba diving and choose to voluntarily participate (including travel to and from the site of such diving). I hereby acknowledge and affirm that I am not required to participate in scuba diving as a condition to obtaining any academic degree. I further acknowledge that I am not to be considered an employee of OSI and that no benefits customarily afforded to employees will be extended to me by virtue of participating in scuba diving. (As an individual who actually IS employed by OSI in a capacity unrelated to scuba diving, I acknowledge that participating in scuba diving is not a condition of my employment).

I CERTIFY THAT I HAVE READ, FULLY UNDERSTAND, AND AGREE TO ABIDE BY THE DIVING REGULATIONS OF THE CALIFORNIA STATE UNIVERSITY SCUBA DIVING CERTIFICATION AND OPERATIONS OF SCUBA DIVING PROGRAMS MANUAL.

I do not intend by this instrument to waive or relinquish any claim against any individual arising out of his/her intentional act or willful negligence but in the event such individual is determined to be an agent of the California State University System, I do hereby waive and relinquish any claim against the university as a principal.

NOTE: This instrument is a waiver of your legal right to collect damages in the event of your injury or death and in the event of damage or destruction of your personal property. If you do not understand this instrument you are advised to consult an attorney.

Types of Risks Involved with the Activity: **Personal injury or death. Personal property damage. Personal property loss.**

PARTICIPANT NAME (Please Print): _____

Participant signature: _____ Date _____

Participant Address: _____

WITNESSED By (Please Print) _____

Signature: _____ Date _____

Address: _____

Name of PARENT or LEGAL GUARDIAN (if applicable): _____

Signature of Parent or legal guardian (if applicable): _____ Date _____

Address: _____



California State Universities - Ocean Studies Institute
Medical Form I
Diving Medical Exam Overview for the Examining Physician



To the Examining Physician:

This person, _____, requires a medical examination to assess his/her fitness for certification as a Scientific Diver for the (your University) _____. His /her answers on the Diving Medical History Form (attached), may indicate potential health or safety risks as noted. Your evaluation is requested on the attached scuba Diving Fitness Medical Evaluation Report. If you have questions about diving medicine, you may wish to consult one of the references on the attached list or contact one of the physicians with expertise in diving medicine whose names and phone numbers appear on an attached list. Please contact the undersigned Diving Safety Officer if you have any questions or concerns about diving medicine or the Ocean Studies Institute/AAUS standards. Thank you for your assistance.

California State Universities – Ocean Studies Institute
Diving Safety Officer - Darrell Montague
820 South Seaside Avenue
Terminal Island, CA 90731
Phone: 626 399-3308 Email: darrell.montague@csulb.edu

Scuba and other modes of compressed-gas diving can be strenuous and hazardous. A special risk is present if the middle ear, sinuses or lung segments do not readily equalize air pressure changes. The most common cause of distress is eustachian insufficiency. Most fatalities involve deficiencies in prudence, judgment, emotional stability or physical fitness. Please consult the following list of conditions, which usually restrict candidates from diving.

(Adapted from Bove, 1998: 61 -63, bracketed numbers are pages in Bove)

CONDITIONS WHICH MAY DISQUALIFY CANDIDATES FROM DIVING

1. Abnormalities of the tympanic membrane, such as perforation, presence of a monomeric membrane, or inability to autoinflate the middle ears. [5,7,8,9]
2. Vertigo including Meniere's Disease. [13]
3. Stapedectomy or middle ear reconstructive surgery. [11]
4. Recent ocular surgery. [15,18,19]
5. Psychiatric disorders including claustrophobia, suicidal ideation, psychosis, anxiety states, untreated depression. [20-23]
6. Substance abuse, including alcohol. [24-25]
7. Episodic loss of consciousness. [1,26,27]
8. History of seizure. [27,28]
9. History of stroke or a fixed neurological deficit. [29,30]
10. Recurring neurologic disorders, including transient ischemic attacks. [29,30]
11. History of intracranial aneurysm, other vascular malformation or intracranial hemorrhage. [31]
12. History of neurological decompression illness with residual deficit. [29,30]
13. Head injury with sequelae. [26,27]
14. Hematologic disorders including coagulopathies. [41,42]
15. Evidence of coronary artery disease or high risk for coronary artery disease [33-35]
16. Atrial septal defects. [39]
17. Significant valvular heart disease - isolated mitral valve prolapse is not disqualifying. [38]
18. Significant cardiac rhythm or conduction abnormalities. [36-37]
19. Implanted cardiac pacemakers and cardiac defibrillators (ICD). [39,40]
20. Inadequate exercise tolerance. [34]
21. Severe hypertension. [35]
22. History of spontaneous or traumatic pneumothorax. [45] 2/01 41

- 23. Asthma2. [42-44]
- 24. Chronic pulmonary disease, including radiographic evidence of pulmonary blebs, bullae or cysts.[45,46]
- 25. Diabetes mellitus. [46-47]
- 26. Pregnancy1. [56]

SELECTED REFERENCES IN DIVING MEDICINE

Available from Best Publishing Company, P.O. Box 30100, Flagstaff, AZ 86003-0100, the Divers Alert Network (DAN) or the Undersea and Hyperbaric Medical Society (UHMS), Durham, NC

- Elliott, D.H. ed. 1996. *Are Asthmatics Fit to Dive?* Kensington, MD: Undersea and Hyperbaric Medical Society.
- Bove, A.A. 2011. The cardiovascular system and diving risk. *Undersea and Hyperbaric Medicine* 38(4): 261-269.
- Thompson, P.D. 2011. The cardiovascular risks of diving. *Undersea and Hyperbaric Medicine* 38(4): 271-277.
- Douglas, P.S. 2011. Cardiovascular screening in asymptomatic adults: Lessons for the diving world. *Undersea and Hyperbaric Medicine* 38(4): 279-287.
- Mitchell, S.J., and A.A. Bove. 2011. Medical screening of recreational divers for cardiovascular disease: Consensus discussion at the Divers Alert Network Fatality Workshop. *Undersea and Hyperbaric Medicine* 38(4): 289-296.
- Grundy, S.M., Pasternak, R., Greenland, P., Smith, S., and Fuster, V. 1999. Assessment of Cardiovascular Risk by Use of Multiple-Risk-Factor Assessment Equations. AHA/ACC Scientific Statement. *Journal of the American College of Cardiology*, 34: 1348-1359. <http://content.onlinejacc.org/cgi/content/short/34/4/1348>
- Bove, A.A. and Davis, J. 2003. DIVING MEDICINE, Fourth Edition. Philadelphia: W.B. Saunders Company.
- Edmonds, C., Lowry, C., Pennefather, J. and Walker, R. 2002. DIVING AND SUBAQUATIC MEDICINE, Fourth Edition. London: Hodder Arnold Publishers.
- Bove, A.A. ed. 1998. MEDICAL EXAMINATION OF SPORT SCUBA DIVERS, San Antonio, TX: Medical Seminars, Inc.
- NOAA DIVING MANUAL, NOAA. Superintendent of Documents. Washington, DC: U.S. Government Printing Office.
- U.S. NAVY DIVING MANUAL. Superintendent of Documents, Washington, DC: U.S. Government Printing Office, Washington, D.C.
- “Assessment of Cardiovascular Risk by Use of Multiple-Risk-Factor Assessment Equations.” Grundy et. al. 1999. AHA/ACC Scientific Statement. <http://www.acc.org/clinical/consensus/risk/risk1999.pdf2>
- “Are Asthmatics Fit to Dive? ” Elliott DH, ed. 1996 Undersea and Hyperbaric Medical Society, Kensington, MD.



California State Universities - Ocean Studies Institute

Medical Form II

Diving Medical History
(To Be Completed By Applicant-Diver)



Name _____ Sex ___ Age ___ Wt. ___ Ht. ___ Date ___ / ___ / ___

TO THE APPLICANT: Scuba diving places considerable physical and mental demands on the diver. Certain medical and physical requirements must be met before beginning a diving or training program. Your accurate answers to the questions are more important, in many instances, in determining your fitness to dive than what the physician may see, hear or feel as part of the diving medical certification procedure.

This form shall be kept confidential by the examining physician. If you believe any question amounts to invasion of your privacy, you may elect to omit an answer, provided that you shall subsequently discuss that matter with your own physician who must then indicate, in writing, that you have done so and that no health hazard exists. Should your answers indicate a condition, which might make diving hazardous, you will be asked to review the matter with your physician. In such instances, their written authorization will be required in order for further consideration to be given to your application. If your physician concludes that diving would involve undue risk for you, remember that they are concerned only with your well-being and safety.

| | Yes | No | Please indicate whether or not the following apply to you | Comments |
|----|-----|----|--|----------|
| 1 | | | Convulsions, seizures, or epilepsy | |
| 2 | | | Fainting spells or dizziness | |
| 3 | | | Been addicted to drugs | |
| 4 | | | Diabetes | |
| 5 | | | Motion sickness or sea/air sickness | |
| 6 | | | Claustrophobia | |
| 7 | | | Mental disorder or nervous breakdown | |
| 8 | | | Are you pregnant? | |
| 9 | | | Do you suffer from menstrual problems? | |
| 10 | | | Anxiety spells or hyperventilation | |
| 11 | | | Frequent sour stomachs, nervous stomachs or vomiting spells | |
| 12 | | | Had a major operation | |
| 13 | | | Presently being treated by a physician | |
| 14 | | | Taking any medication regularly (even non-prescription) | |
| 15 | | | Been rejected or restricted from sports | |
| 16 | | | Headaches (frequent and severe) | |
| 17 | | | Wear dental plates | |
| 18 | | | Wear glasses or contact lenses | |
| 19 | | | Bleeding disorders | |
| 20 | | | Alcoholism | |
| 21 | | | Any problems related to diving | |
| 22 | | | Nervous tension or emotional problems | |
| 23 | | | Take tranquilizers | |
| 24 | | | Perforated ear drums | |
| 25 | | | Hay fever | |
| 26 | | | Frequent sinus trouble, frequent drainage from the nose, post-nasal drip, or stuffy nose | |
| 27 | | | Frequent earaches | |
| 28 | | | Drainage from the ears | |
| 29 | | | Difficulty with your ears in airplanes or on mountains | |
| 30 | | | Ear surgery | |
| 31 | | | Ringings in your ears | |
| 32 | | | Frequent dizzy spells | |
| 33 | | | Hearing problems | |
| 34 | | | Trouble equalizing pressure in your ears | |
| 35 | | | Asthma | |
| 36 | | | Wheezing attacks | |
| 37 | | | Cough (chronic or recurrent) | |
| 38 | | | Frequently raise sputum | |

| | Yes | No | Please indicate whether or not the following apply to you | Comments |
|----|-----|----|---|----------|
| 39 | | | Pleurisy | |
| 40 | | | Collapsed lung (pneumothorax) | |
| 41 | | | Lung cysts | |
| 42 | | | Pneumonia | |
| 43 | | | Tuberculosis | |
| 44 | | | Shortness of breath | |
| 45 | | | Lung problem or abnormality | |
| 46 | | | Spit blood | |
| 47 | | | Breathing difficulty after eating particular foods, after exposure to particular pollens or animals | |
| 48 | | | Are you subject to bronchitis | |
| 49 | | | Subcutaneous emphysema (air under the skin) | |
| 50 | | | Air embolism after diving | |
| 51 | | | Decompression sickness | |
| 52 | | | Rheumatic fever | |
| 53 | | | Scarlet fever | |
| 54 | | | Heart murmur | |
| 55 | | | Large heart | |
| 56 | | | High blood pressure | |
| 57 | | | Angina (heart pains or pressure in the chest) | |
| 58 | | | Heart attack | |
| 59 | | | Low blood pressure | |
| 60 | | | Recurrent or persistent swelling of the legs | |
| 61 | | | Pounding, rapid heartbeat or palpitations | |
| 62 | | | Easily fatigued or short of breath | |
| 63 | | | Abnormal EKG | |
| 64 | | | Joint problems, dislocations or arthritis | |
| 65 | | | Back trouble or back injuries | |
| 66 | | | Ruptured or slipped disk | |
| 67 | | | Limiting physical handicaps | |
| 68 | | | Muscle cramps | |
| 69 | | | Varicose veins | |
| 70 | | | Amputations | |
| 71 | | | Head injury causing unconsciousness | |
| 72 | | | Paralysis | |
| 73 | | | Have you ever had an adverse reaction to medication? | |
| 74 | | | Do you smoke? | |
| 75 | | | Have you ever had any other medical problems not listed? If so, please list or describe below: | |
| 76 | | | Is there a family history of high cholesterol? | |
| 77 | | | Is there a family history of heart disease or stroke? | |
| 78 | | | Is there a family history of diabetes? | |
| 79 | | | Is there a family history of asthma? | |
| 80 | | | Date of last tetanus shot? Vaccination dates? | |

Please explain any "yes" answers to the above questions.

I certify that the above answers and information represent an accurate and complete description of my medical history.

Signature _____

Date _____



California State Universities - Ocean Studies Institute

Medical Form III

Applicant's Release of Medical Information



Name of Applicant (Print or Type)

I authorize the release of this information and all medical information subsequently acquired in association with my diving to the Ocean Studies Institute Diving Safety Officer and Diving Control Board or their designee at

(place) _____ on (date) _____

Signature of Applicant _____ Date _____



California State Universities - Ocean Studies Institute

Medical Form IV

AAUS Medical Evaluation of Fitness for Scuba Diving Report



Name of Applicant (Print or Type)

Date of Medical Evaluation (Month/Day/Year)

To The Examining Physician: Scientific divers require periodic scuba diving medical examinations to assess their fitness to engage in diving with self-contained underwater breathing apparatus (scuba). Their answers on the Diving Medical History Form may indicate potential health or safety risks as noted. Scuba diving is an activity that puts unusual stress on the individual in several ways. Your evaluation is requested on this Medical Evaluation form. Your opinion on the applicant's medical fitness is requested. Scuba diving requires heavy exertion. The diver must be free of cardiovascular and respiratory disease (see references, following page). An absolute requirement is the ability of the lungs, middle ears and sinuses to equalize pressure. Any condition that risks the loss of consciousness should disqualify the applicant. Please proceed in accordance with the AAUS Medical Standards (Sec. 6.00). If you have questions about diving medicine, please consult with the Undersea Hyperbaric Medical Society or Divers Alert Network.

TESTS: THE FOLLOWING TESTS ARE REQUIRED:

During all Initial and Periodic Re-exams (Under Age 40):

- Medical history
• Complete physical exam, with emphasis on neurological and otological components
• Urinalysis
• Any further tests deemed necessary by the physician

Additional Tests During First Exam Over Age 40 and Periodic Re-exams (Over Age 40):

- Chest x-ray (Required only during first exam over age 40)
• Resting EKG
• Assessment of coronary artery disease using Multiple-Risk-Factor Assessment1 (age, lipid profile, blood pressure, diabetic screening, smoking)

Note: Exercise stress testing may be indicated based on Multiple-Risk-Factor Assessment2

PHYSICIAN'S STATEMENT:

01 Diver IS medically qualified to dive for: 2 years (over age 60)
3 years (age 40-59)
5 years (under age 40)

02 Diver IS NOT medically qualified to dive: Permanently Temporarily.

I have evaluated the abovementioned individual according to the American Academy of Underwater Sciences medical standards and required tests for scientific diving (Sec. 6.00 and Appendix 1) and, in my opinion, find no medical conditions that may be disqualifying for participation in scuba diving. I have discussed with the patient any medical condition(s) that would not disqualify him/her from diving but which may seriously compromise subsequent health. The patient understands the nature of the hazards and the risks involved in diving with these conditions.

Signature MD or DO Date

Name (Print or Type)

Address

Telephone Number

E-Mail Address

My familiarity with applicant is: This exam only Regular physician for years

My familiarity with diving medicine is:



California State Universities - Ocean Studies Institute
Required Water Skills and Equipment



Swim Test Requirements

There will be a swim evaluation at the beginning of this course. This evaluation will include:

- 400 meter swim, within 12 minutes
- Tread water continuously for 10 minutes, or 2 minutes without the use of hands.
- Underwater swim for a distance of 25 meters, without surfacing
- Surface dive to 10' to recover an unresponsive swimmer on the bottom, and transport on the surface 25 meters

Please Note: *Anyone who does not successfully complete all components of the swim test will not be permitted to participate in Scientific Diving beyond the Diver in Training level.*

Required Equipment Check List

- Swimsuit, towel, sunscreen and hat
- Pen, paper, etc. for taking notes
- Mask, fins, snorkel
- Booties
- Wetsuit (6-7mm or 1/4", with hood, is recommended), or dry suit (must provide proof of dry suit training)
- Gloves
- Weight belt, and/or integrated weights
- Regulator
- Buoyancy Control Device
- Submersible Air-Pressure Gauge (tank pressure)
- Depth Gauge or computer
- Timing Device (Dive Watch, Computer, etc.)
- Dive Knife or other cutting device (e.g., scissors)
- Surface Marker Buoy (SMB) and reel
- Whistle or other surface, sound-signaling device
- Underwater Compass
- Underwater Slate
- U/W "goodie" bag
- Dive Log
- Dive Tables (whichever you are accustomed to using)
- Gear Bag (for carrying dive gear to and from sites, and possible storage at Catalina)

Please Note: *A visual inspection of all dive equipment will be conducted on the first day. Equipment deemed "unsafe" or NOT in good working order, will not be allowed for use in the course.*



Instructions for completing CSU/OSI Annual Equipment Service Record

Completion and submission of this document is the responsibility of the individual diver.

In the first (top) section, fill out your name and phone number, make, model and serial number for each piece of equipment. Some items, (e.g. SPG, Depth Gauge) may not have a serial number – if you don't have one put "n/a" in the field. Don't leave any field empty. Do not rely on the dive shop or service technician to do this for you.

As you may be using the same set of equipment for several years, after you've filled out this basic information, keep a master copy for future use. This will save you the trouble of filling out these fields every year. Keep receipts for new dive gear and note the purchase date(s) on the form. Some manufacturers will provide free parts as long as you stick to the service schedule and keep good records. This can save you a fair amount of money over time.

The balance of the document should be filled out completely, by the dive shop or service technician – again, there should be no empty fields.

In the second section, regulator testing, each column should be completed and "yes or no" under rebuild should be ticked as described below – a sample of each is attached.

Test Only: Each column should be completed and "yes or no" under rebuild should be ticked.

Manufacturer Required Service: The first column may be crossed out - there's no need for incoming testing if service/rebuild is required per the manufacturers specifications. The rest of the columns should be completed and "yes" under rebuild should be ticked.

New Equipment Test Only: Each column should be completed and "no" under rebuild should be ticked.


In the third section, all of the appropriate boxes should be ticked off (see samples).

Forms that are incomplete, or filled out incorrectly, will be rejected – save yourself return trips to the dive shop by reviewing the form before you leave.

It's recommended that you provide a copy of these instructions to the shop/technician. If they have additional questions, they can contact the Dive Office using the information provided below.

Darrell Montague
Dive and Boat Safety Officer
California State Universities, Ocean Studies Institute
Southern California Marine Institute
820 S. Seaside Ave
Terminal Island CA 90731
626-399-3308
Darrell.Montague@csulb.edu
www.scmi.net

SAMPLE FORM - TEST ONLY

| | | | |
|---|---|---------------------------------|----------------------|
|  | AMERICAN ACADEMY OF UNDERWATER SCIENCES REQUIRED ANNUAL EQUIPMENT SERVICE RECORD * | | |
| | DIVER NAME: Jane Doris | PHONE #: 202-555-0197 | |
| | SHOP NAME: Scuba Ba Do Ba Do | PHONE #: 202-555-0173 | |
| | SHOP WEB: scubabadobado.com/ | SHOP EMAIL: 202-555-0146 | |
| | TECH NAME: Dan Aqua Man | SERVICE DATE: 13/13/2013 | |
| | MAKE | MODEL | SERIAL NUMBER |
| REGULATOR 1ST STAGE | Aqualung | Titan | D0484890 |
| REGULATOR 2ND STAGE | Aqualung | Titan | D0484890 |
| OCTOPUS | Aqualung | ABS | D0354840 |
| BCD | Aqualung | Pro LT | BB3976170 |
| SPG | Suunto | 4000psi | B29 |
| DEPTH GAUGE | N/A | | |
| COMPUTER | Sunnto | Zoop | 333035321 |


| REGULATOR SET | INCOMING | MANUFACTURER SPECS | OUTGOING | REBUILD | |
|----------------------------|------------|--------------------|------------|---|--|
| REGULATOR 1ST STAGE | I.P. 132 | I.P. 135 +/- 5psi | I.P. 140 | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| REGULATOR 2ND STAGE | INHALE 2.8 | INHALE .08 - 1.4 | INHALE 1.4 | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| | EXHALE 1.9 | EXHALE 0.5 - 1.2 | EXHALE 0.8 | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| OCTOPUS | INHALE 2.0 | INHALE 1.6 | INHALE 1.6 | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> |
| | EXHALE 1.2 | EXHALE 0.5 - 1.2 | EXHALE 0.8 | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> |

| BCD/GAUGES/HOSES | INCOMING | | | | OUTGOING | |
|--------------------|---|--|--|--|--|---|
| BCD | OPV: P <input checked="" type="checkbox"/> F <input type="checkbox"/> | DV: P <input checked="" type="checkbox"/> F <input type="checkbox"/> | PI: P <input checked="" type="checkbox"/> F <input type="checkbox"/> | LT: P <input checked="" type="checkbox"/> F <input type="checkbox"/> | REPAIR: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | REBUILD: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| DRYSUIT | E/IV: P <input type="checkbox"/> F <input type="checkbox"/> | S: P <input type="checkbox"/> F <input type="checkbox"/> | Z: P <input type="checkbox"/> F <input type="checkbox"/> | LT: P <input type="checkbox"/> F <input type="checkbox"/> | REPAIR: YES <input type="checkbox"/> NO <input type="checkbox"/> | REBUILD: YES <input type="checkbox"/> NO <input type="checkbox"/> |
| SPG | PRESSURE TEST: P <input checked="" type="checkbox"/> F <input type="checkbox"/> | | WATER TEST: P <input checked="" type="checkbox"/> F <input type="checkbox"/> | | REPLACE SPOOL: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | REPLACE O-RING: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| DEPTH GAUGE | PRESSURE TEST: P <input type="checkbox"/> F <input type="checkbox"/> | | WATER TEST: P <input type="checkbox"/> F <input type="checkbox"/> | | REPAIR: YES <input type="checkbox"/> NO <input type="checkbox"/> | REPLACE: YES <input type="checkbox"/> NO <input type="checkbox"/> |
| COMPUTER | PT: P <input checked="" type="checkbox"/> F <input type="checkbox"/> | WT: P <input checked="" type="checkbox"/> F <input type="checkbox"/> | FT: P <input checked="" type="checkbox"/> F <input type="checkbox"/> | BT: P <input checked="" type="checkbox"/> F <input type="checkbox"/> | REPLACE BATTERY: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | NEW COMPUTER: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| HOSES | HP LEAK TEST: P <input checked="" type="checkbox"/> F <input type="checkbox"/> | | LP LEAK TEST: P <input checked="" type="checkbox"/> F <input type="checkbox"/> | | REPLACE HP: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | REPLACE LP: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

| | | | |
|--|--|---|--------------|
| BCD = Buoyancy Compensation Device SPG = Submersible Pressure Gauge OPV = Over Pressure Valve DV = Dump Valve PI = Power Inflator I.P. = Intermediate Pressure Questions - contact Darrell Montague, Dive Safety Officer 626.399.3308 darrell.montague@csulb.edu | WT = Water Test FT = Func BT = Battery Test HP = High Pressure P = Pass F = Fail PT = Pressure Test | E/IV = Exhaust & Inlet Valves Test S = Seals Test Z = Zipper Test LT = Leak Test | NOTES |
|--|--|---|--------------|

*** PLEASE NOTE: OSI/AAUS Standards only require annual "testing and inspection" of dive equipment. "Servicing" of dive equipment is only necessary if it fails to pass testing and inspection, or is required according to manufacturer's specifications. All new gear must be bench-tested prior to use**

SAMPLE FORM - MANUFACTURER REQUIRED SERVICE

| | | | |
|---|---|---------------------------------|----------------------|
|  | AMERICAN ACADEMY OF UNDERWATER SCIENCES REQUIRED ANNUAL EQUIPMENT SERVICE RECORD * | | |
| | DIVER NAME: Jane Doris | PHONE #: 202-555-0197 | |
| | SHOP NAME: Scuba Ba Do Ba Do | PHONE #: 202-555-0173 | |
| | SHOP WEB: scubabadobado.com/ | SHOP EMAIL: 202-555-0146 | |
| | TECH NAME: Dan Aqua Man | SERVICE DATE: 13/13/2013 | |
| | MAKE | MODEL | SERIAL NUMBER |
| REGULATOR 1ST STAGE | Aqualung | Titan | D0484890 |
| REGULATOR 2ND STAGE | Aqualung | Titan | D0484890 |
| OCTOPUS | Aqualung | ABS | D0354840 |
| BCD | Aqualung | Pro LT | BB3976170 |
| SPG | Suunto | 4000psi | B29 |
| DEPTH GAUGE | N/A | | |
| COMPUTER | Sunnto | Zoop | 333035321 |


| REGULATOR SET | INCOMING | MANUFACTURER SPECS | OUTGOING | REBUILD | |
|----------------------------|----------|--------------------|------------|---|-----------------------------|
| REGULATOR 1ST STAGE | I.P. | I.P. 135 +/- 5psi | I.P. 140 | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| REGULATOR 2ND STAGE | INHALE | INHALE .08 - 1.4 | INHALE 1.4 | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| | EXHALE | EXHALE 0.5 - 1.2 | EXHALE 0.8 | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| OCTOPUS | INHALE | INHALE 1.6 | INHALE 1.6 | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| | EXHALE | EXHALE 0.5 - 1.2 | EXHALE 0.8 | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |

| BCD/GAUGES/HOSES | INCOMING | | | | OUTGOING | |
|--------------------|---|--|--|--|--|---|
| BCD | OPV: P <input checked="" type="checkbox"/> F <input type="checkbox"/> | DV: P <input checked="" type="checkbox"/> F <input type="checkbox"/> | PI: P <input checked="" type="checkbox"/> F <input type="checkbox"/> | LT: P <input checked="" type="checkbox"/> F <input type="checkbox"/> | REPAIR: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | REBUILD: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| DRYSUIT | E/IV: P <input type="checkbox"/> F <input type="checkbox"/> | S: P <input type="checkbox"/> F <input type="checkbox"/> | Z: P <input type="checkbox"/> F <input type="checkbox"/> | LT: P <input type="checkbox"/> F <input type="checkbox"/> | REPAIR: YES <input type="checkbox"/> NO <input type="checkbox"/> | REBUILD: YES <input type="checkbox"/> NO <input type="checkbox"/> |
| SPG | PRESSURE TEST: P <input checked="" type="checkbox"/> F <input type="checkbox"/> | | WATER TEST: P <input checked="" type="checkbox"/> F <input type="checkbox"/> | | REPLACE SPOOL: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | REPLACE O-RING: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| DEPTH GAUGE | PRESSURE TEST: P <input type="checkbox"/> F <input type="checkbox"/> | | WATER TEST: P <input type="checkbox"/> F <input type="checkbox"/> | | REPAIR: YES <input type="checkbox"/> NO <input type="checkbox"/> | REPLACE: YES <input type="checkbox"/> NO <input type="checkbox"/> |
| COMPUTER | PT: P <input checked="" type="checkbox"/> F <input type="checkbox"/> | WT: P <input checked="" type="checkbox"/> F <input type="checkbox"/> | FT: P <input checked="" type="checkbox"/> F <input type="checkbox"/> | BT: P <input checked="" type="checkbox"/> F <input type="checkbox"/> | REPLACE BATTERY: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | NEW COMPUTER: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| HOSES | HP LEAK TEST: P <input checked="" type="checkbox"/> F <input type="checkbox"/> | | LP LEAK TEST: P <input checked="" type="checkbox"/> F <input type="checkbox"/> | | REPLACE HP: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | REPLACE LP: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

| | | | |
|--|--|---|--------------|
| BCD = Buoyancy Compensation Device SPG = Submersible Pressure Gauge OPV = Over Pressure Valve DV = Dump Valve PI = Power Inflator I.P. = Intermediate Pressure Questions - contact Darrell Montague, Dive Safety Officer 626.399.3308 darrell.montague@csulb.edu | WT = Water Test FT = Func BT = Battery Test HP = High Pressure P = Pass F = Fail PT = Pressure Test | E/IV = Exhaust & Inlet Valves Test S = Seals Test Z = Zipper Test LT = Leak Test | NOTES |
|--|--|---|--------------|

*** PLEASE NOTE: OSI/AAUS Standards only require annual "testing and inspection" of dive equipment. "Servicing" of dive equipment is only necessary if it fails to pass testing and inspection, or is required according to manufacturer's specifications. All new gear must be bench-tested prior to use**

SAMPLE FORM - NEW EQUIPMENT TEST ONLY

| | | | |
|---|---|---------------------------------|----------------------|
|  | AMERICAN ACADEMY OF UNDERWATER SCIENCES REQUIRED ANNUAL EQUIPMENT SERVICE RECORD * | | |
| | DIVER NAME: Jane Doris | PHONE #: 202-555-0197 | |
| | SHOP NAME: Scuba Ba Do Ba Do | PHONE #: 202-555-0173 | |
| | SHOP WEB: scubabadobado.com/ | SHOP EMAIL: 202-555-0146 | |
| | TECH NAME: Dan Aqua Man | SERVICE DATE: 13/13/2013 | |
| | MAKE | MODEL | SERIAL NUMBER |
| REGULATOR 1ST STAGE | Aqualung | Titan | D0484890 |
| REGULATOR 2ND STAGE | Aqualung | Titan | D0484890 |
| OCTOPUS | Aqualung | ABS | D0354840 |
| BCD | Aqualung | Pro LT | BB3976170 |
| SPG | Suunto | 4000psi | B29 |
| DEPTH GAUGE | N/A | | |
| COMPUTER | Sunnto | Zoop | 333035321 |

| REGULATOR SET | INCOMING | MANUFACTURER SPECS | OUTGOING | REBUILD | |
|----------------------------|------------|--------------------|------------|------------------------------|--|
| REGULATOR 1ST STAGE | I.P. 137 | I.P. 135 +/- 5psi | I.P. 137 | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> |
| REGULATOR 2ND STAGE | INHALE 1.4 | INHALE .08 - 1.4 | INHALE 1.4 | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> |
| | EXHALE 0.8 | EXHALE 0.5 - 1.2 | EXHALE 0.8 | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> |
| OCTOPUS | INHALE 1.6 | INHALE 1.6 | INHALE 1.6 | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> |
| | EXHALE 0.8 | EXHALE 0.5 - 1.2 | EXHALE 0.8 | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> |

| BCD/GAUGES/HOSES | INCOMING | | | | OUTGOING | |
|--------------------|---|--|--|--|--|---|
| BCD | OPV: P <input checked="" type="checkbox"/> F <input type="checkbox"/> | DV: P <input checked="" type="checkbox"/> F <input type="checkbox"/> | PI: P <input checked="" type="checkbox"/> F <input type="checkbox"/> | LT: P <input checked="" type="checkbox"/> F <input type="checkbox"/> | REPAIR: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | REBUILD: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| DRYSUIT | E/IV: P <input type="checkbox"/> F <input type="checkbox"/> | S: P <input type="checkbox"/> F <input type="checkbox"/> | Z: P <input type="checkbox"/> F <input type="checkbox"/> | LT: P <input type="checkbox"/> F <input type="checkbox"/> | REPAIR: YES <input type="checkbox"/> NO <input type="checkbox"/> | REBUILD: YES <input type="checkbox"/> NO <input type="checkbox"/> |
| SPG | PRESSURE TEST: P <input checked="" type="checkbox"/> F <input type="checkbox"/> | | WATER TEST: P <input checked="" type="checkbox"/> F <input type="checkbox"/> | | REPLACE SPOOL: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | REPLACE O-RING: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| DEPTH GAUGE | PRESSURE TEST: P <input type="checkbox"/> F <input type="checkbox"/> | | WATER TEST: P <input type="checkbox"/> F <input type="checkbox"/> | | REPAIR: YES <input type="checkbox"/> NO <input type="checkbox"/> | REPLACE: YES <input type="checkbox"/> NO <input type="checkbox"/> |
| COMPUTER | PT: P <input checked="" type="checkbox"/> F <input type="checkbox"/> | WT: P <input checked="" type="checkbox"/> F <input type="checkbox"/> | FT: P <input checked="" type="checkbox"/> F <input type="checkbox"/> | BT: P <input checked="" type="checkbox"/> F <input type="checkbox"/> | REPLACE BATTERY: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | NEW COMPUTER: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| HOSES | HP LEAK TEST: P <input checked="" type="checkbox"/> F <input type="checkbox"/> | | LP LEAK TEST: P <input checked="" type="checkbox"/> F <input type="checkbox"/> | | REPLACE HP: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | REPLACE LP: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

| | | | |
|--|---|--|--|
| <p>BCD = Buoyancy Compensation Device SPG = Submersible Pressure Gauge OPV = Over Pressure Valve DV = Dump Valve PI = Power Inflator I.P. = Intermediate Pressure</p> | <p>WT = Water Test FT = Func BT = Battery Test HP = High Pressure P = Pass F = Fail PT = Pressure Test</p> | <p>E/IV = Exhaust & Inlet Valves Test S = Seals Test Z = Zipper Test LT = Leak Test</p> | <p>NOTES Lucky you - all new dive gear!</p> |
|--|---|--|--|

Questions - contact Darrell Montague, Dive Safety Officer 626.399.3308 darrell.montague@csulb.edu

*** PLEASE NOTE: OSI/AAUS Standards only require annual "testing and inspection" of dive equipment. "Servicing" of dive equipment is only necessary if it fails to pass testing and inspection, or is required according to manufacturer's specifications. All new gear must be bench-tested prior to use**



AMERICAN ACADEMY OF UNDERWATER SCIENCES REQUIRED ANNUAL EQUIPMENT SERVICE RECORD *

| | | |
|---------------------|-------|---------------|
| DIVER NAME: | | PHONE #: |
| SHOP NAME: | | PHONE #: |
| SHOP WEB: | | SHOP EMAIL: |
| TECH NAME: | | SERVICE DATE: |
| MAKE | MODEL | SERIAL NUMBER |
| REGULATOR 1ST STAGE | | |
| REGULATOR 2ND STAGE | | |
| OCTOPUS | | |
| BCD | | |
| SPG | | |
| DEPTH GAUGE | | |
| COMPUTER | | |

| | INCOMING | MANUFACTURER SPECS | OUTGOING | REBUILD |
|---------------------|----------|--------------------|----------|--|
| REGULATOR 1ST STAGE | I.P. | I.P. | I.P. | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| | INHALE | INHALE | INHALE | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| REGULATOR 2ND STAGE | EXHALE | EXHALE | EXHALE | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| | INHALE | INHALE | INHALE | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| OCTOPUS | EXHALE | EXHALE | EXHALE | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| | INHALE | INHALE | INHALE | YES <input type="checkbox"/> NO <input type="checkbox"/> |

| | INCOMING | | | | OUTGOING | | | |
|-------------|--|---|---|---|---|--|--|--|
| BCD | OPV: P <input type="checkbox"/> F <input type="checkbox"/> | DV: P <input type="checkbox"/> F <input type="checkbox"/> | PI: P <input type="checkbox"/> F <input type="checkbox"/> | LI: P <input type="checkbox"/> F <input type="checkbox"/> | REPAIR: YES <input type="checkbox"/> NO <input type="checkbox"/> | REBUILD: YES <input type="checkbox"/> NO <input type="checkbox"/> | | |
| DRYSUIT | E/IV: P <input type="checkbox"/> F <input type="checkbox"/> | S: P <input type="checkbox"/> F <input type="checkbox"/> | Z: P <input type="checkbox"/> F <input type="checkbox"/> | LI: P <input type="checkbox"/> F <input type="checkbox"/> | REPAIR: YES <input type="checkbox"/> NO <input type="checkbox"/> | REBUILD: YES <input type="checkbox"/> NO <input type="checkbox"/> | | |
| SPG | PRESSURE TEST: P <input type="checkbox"/> F <input type="checkbox"/> | | WATER TEST: P <input type="checkbox"/> F <input type="checkbox"/> | | REPLACE SPOOL: YES <input type="checkbox"/> NO <input type="checkbox"/> | REPLACE O-RING: YES <input type="checkbox"/> NO <input type="checkbox"/> | | |
| DEPTH GAUGE | PRESSURE TEST: P <input type="checkbox"/> F <input type="checkbox"/> | | WATER TEST: P <input type="checkbox"/> F <input type="checkbox"/> | | REPAIR: YES <input type="checkbox"/> NO <input type="checkbox"/> | REPLACE: YES <input type="checkbox"/> NO <input type="checkbox"/> | | |
| COMPUTER | PT: P <input type="checkbox"/> F <input type="checkbox"/> | WT: P <input type="checkbox"/> F <input type="checkbox"/> | FT: P <input type="checkbox"/> F <input type="checkbox"/> | BT: P <input type="checkbox"/> F <input type="checkbox"/> | REPLACE BATTERY: YES <input type="checkbox"/> NO <input type="checkbox"/> | NEW COMPUTER: YES <input type="checkbox"/> NO <input type="checkbox"/> | | |
| HOSES | HP LEAK TEST: P <input type="checkbox"/> F <input type="checkbox"/> | | LP LEAK TEST: P <input type="checkbox"/> F <input type="checkbox"/> | | REPLACE HP: YES <input type="checkbox"/> NO <input type="checkbox"/> | REPLACE LP: YES <input type="checkbox"/> NO <input type="checkbox"/> | | |

BCD = Buoyancy Compensation Device WT = Water Test E/IV = Exhaust & Inlet Valves Test

SPG = Submersible Pressure Gauge FT = Func

OPV = Over Pressure Valve BT = Battery Test S = Seals Test

DV = Dump Valve HP = High Pressure Z = Zipper Test

PI = Power Inflator P = Pass F = Fail LT = Leak Test

I.P. = Intermediate Pressure PT = Pressure Test

Questions - contact Darrell Montague, Dive Safety Officer 626.399.3308 darrell.montague@csulb.edu

*** PLEASE NOTE: OSI/AAUS Standards only require annual "testing and inspection" of dive equipment. "Servicing" of dive equipment is only necessary if it fails to pass testing and inspection, or is required according to manufacturer's specifications. All new gear must be bench-tested prior to use**

LOCAL GEAR SERVICE PROVIDERS

For your convenience, listed below are shops that can provide a full range of services to completely satisfy the record-keeping requirements. If the work is outsourced, it's noted in parentheses. Make sure you contact the shops ahead of time to confirm services, fees and turnaround times.

[Scubatude](#) Santa Clarita

[Aquanautics](#) Sylmar (outsourced)

[Malibu Divers](#) Malibu ([Malibu Scuba Repair](#))

[Hollywood Divers](#) (outsourced to [Malibu Scuba Repair](#))

[Pacific Wilderness](#) San Pedro

[New England Divers](#) Long Beach

[Deep Blue Scuba](#) Long Beach

[Ocean Gear](#) Huntington Beach

[Beach Cities Scuba](#) (Cypress & Dana Point locations)

[Dive and Photo](#) Costa Mesa (outsourced)

[Ocean Enterprises](#) San Diego