THE UNIVERSITY OF WESTERN AUSTRALIA

W.A. EMERGENCY NUMBERS:
A) 000 Emergency
B) Fiona Stanley Hyperbaric: 08 6152 2222
C) DES/DAN: 1800 088 200 . **DBSO 045 783 5527**

Form 16 (FIELDWORK)

FIELD DIVE LOG

Project: **Location:** **Boat:**

Dive No. per day	Date	Diver Name	Location	Dive Buddy Initials	Air In	Air Out	Time In	Time Out	Depth (m)	Dive Time (mins)	Bottom Time (mins)	Effective bottom time (mins)	Deco. stops e.g. 3 min @ 5 m	Rep Grp	Surface Interval	Rep Factor

*EANx (Nitrox) divers must ensure PO_2 does not exceed 100% in 24 hr period unless approved by the University Dive Officer

Diver's Initials: (1) (2) (3) (4) (5) (6) (7)

Dive Supervisor /Controller Signature: **Print Name:** **Date:**

> > > > > > > RECORD THIS DIVE RECORD IN THE WEB-BASED UWA DIVE REGISTER THEN FORWARD THIS FORM TO THE DBSO < < < < < < <