

UM DIVING SAFETY PROGRAM MONTHLY DIVE LOG

Submit to the Diving Office Monthly. Fill in completely!
If no dives were logged, indicate by writing "No Dives".

Name _____ *Signature* _____
Month _____ Year _____ Certification Depth _____

#	Date	Buddy	Location	Dive Time		Bottom Time	Safety Stop Depth/Time	Max Depth	Specify Which Tables or Computer Used	Purpose	Conditions/Comments
				In	Out						
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											

Indicate total activity for the month:				
Depth Range	0-30'	31-60'	61-100'	>100'
# of Dives	0	0	0	0
Total BT: tables	0	0	0	0
# Dives: tables	0	0	0	0
Total BT: compu	0	0	0	0
# Dives: compu	0	0	0	0

* Purpose: Research (please specify project),
Training, Sport, etc.

Did any equipment problems, accidents or potentially dangerous experiences occur? Yes___ No___
If yes explain in detail (use back of sheet too!).