SCUBA EQUIPMENT INSPECTION FORM

DIVER’S NAME: _________________________________________

REGULATOR

<table>
<thead>
<tr>
<th></th>
<th>Make/Model</th>
<th>Serial #</th>
<th>Intermediate Pressure</th>
<th>Ease of Breathing</th>
<th>Date of Last Overhaul</th>
<th>Inspected or Overhaul</th>
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</thead>
<tbody>
<tr>
<td>1st Stage</td>
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<tr>
<td>2nd Stage</td>
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<td>Octo/2nd reg</td>
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</tbody>
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☐ Appearance check (no dry rot, corrosion, cracks)
☐ Hose check (no cracks, leaks or blisters)
☐ Mouthpiece check
☐ Gauges check      _______   SPG psi
☐ Dive computer: Battery Check & Dive Profile Downloadable

BUOYANCY COMPENSATION

<table>
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<tr>
<th></th>
<th>Make/Model:_____________________________</th>
<th>Serial #:_____________________________</th>
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☐ Appearance check (no dry rot, corrosion, cracks)
☐ Overpressure valve check & dump valves check
☐ Inflator check
☐ Waist band, buckles and straps check
☐ Leak test completed

DRY SUIT

☐ Valve Check (Inflate/Deflate)   ☐ Seal Check   Model:__________ Last Worn:_______

Other Gear & Notes: ______________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

INSPECTED:  _____________________________________               DATE: _________________________

IMPORTANT: This is a safety and performance evaluation required by the UCSB Diving Safety Program. Please adhere to the manufacturer recommended service interval for your SCUBA gear and all divers must inspect and conduct a functional check of their SCUBA equipment dive prior to each dive.

DIVER SIGNATURE: ___________________________________   DATE:  _____________________