Project # Assigned _____

DSSP Project Dive Log

1. Date: _____ Est. **TI** _____ Est. **TO** _____ Est. **TI** _____ Est. **TO** _____ 6. Environment _____
2. Dive Location _____ 8. Dive Plan _____ **SIT**: _____ . Sea State _____
3. Dive Master _____ **Depth** ___ ___**S.S.** **Depth** ___ ___**S.S.** . Currents _____
4. Site # _____ **R** **R** . Visibility _____
5. Equipment/Mode _____ **Time** ___ **A**_____ **Time** ____ **A**_____ . Bottom Type _____
(Scuba, SAS,AGA mask, Nitrox,) _____ **T** _____ **T** 7. Tables/Gas _____
Oxygen __Y __N

9. Dive Team #	10. Diver Team	11.PSI Used	12.SIT	13. RNT/ RGL	14. Time Out	In	15. ABT	16. TBT	17. Depth	18. SS DCS	19. %O2 Toxic	20. Signature
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
_____												
12												

*All divers must sign log to verify accuracy of information.

21. Dive Master Signature: _____ 22. Time Dive Ends: _____

EMS - 911 Coast Guard Ch 16 VHS DAN (919) 684-8111 UFDSSP 392-8008