

APPENDIX D

On-Site Fatality Investigation Checklists

Steven M. Barsky

Marine Marketing & Consulting

2419 E. Harbor Blvd. #149

Ventura, CA 93001 USA

Diving Accident Equipment Inspection

Victim's name: _____

Location of accident: _____

Date of accident: _____ Case number: _____

Date of gear inspection: _____

Location of gear inspection: _____

Parties present during inspection: _____

Has gear been washed or cleaned? _____ Was gear tested by police? _____

COMPLETE SYSTEM

Is cylinder band tight? _____ Is cylinder band at appropriate height? _____

Is regulator oriented properly? _____

Is BC inflated? _____ Photo taken? _____

CYLINDER

Size: _____ Manufacturer: _____

Serial number: _____ Working pressure: _____

Date manufactured? _____ Color of cylinder: _____

Other marks: _____

Hydro test dates: _____

VIP history: _____

Pressure in cylinder: _____ General condition: _____

Boot: _____ Photo Taken: _____

CYLINDER VALVE

Manufacturer: _____ Type of valve: _____

O-ring condition: _____ Condition of valve: _____

Operation of valve: _____ Photo taken: _____

Number of turns to fully open: _____ Serial number: _____

Other marks: _____

BUOYANCY COMPENSATOR

Manufacturer: _____ Model Name: _____
Serial Number: _____ In-service date: _____
Bladder type: _____ Condition: _____
Size: _____ Color: _____
Other marks: _____
Photo taken: _____ Lift capability: _____
Corrugated hose attachment: _____
Condition of waist belt: _____
Condition of chest strap: _____
Condition of shoulder straps: _____
Condition of cylinder band: _____
Contents of right pocket: _____
Contents of left pocket: _____
Items clipped to BC: _____
Strap condition: _____
Strap properly threaded? _____ Photo taken: _____

POWER INFLATOR

General condition: _____ Manufacturer: _____
Number tie-wraps: _____ Serial number: _____
Other marks: _____ Mouthpiece condition: _____
Condition of tie-wraps: _____

BC FUNCTION TESTS

Does BC hold air? _____ Does power inflator function properly? _____
Does reg function work? _____ Does overpressure relief work? _____
Does dump valve work? _____

WEIGHTS (If weight integrated)

Total weight: _____
Weight distribution: _____
Weight release function? _____

Notes: _____

REGULATOR

Manufacturer: _____ Model: _____

In-service date: _____

FIRST STAGE

Serial number: _____ Condition: _____

Filter condition: _____ Environmental cap? _____

Dust cap: _____ Color: _____

Shop ID marks: _____ Photo taken? _____

PRIMARY SECOND STAGE

Manufacturer _____ Model: _____

Serial number: _____ Color: _____

Shop ID marks: _____ Condition: _____

Condition mouthpiece lugs? _____ Condition tie-wrap? _____

Photo taken? _____

OCTOPUS SECOND STAGE

Manufacturer _____ Model: _____

Serial number: _____ Color: _____

Shop ID marks: _____ Condition: _____

Condition mouthpiece lugs? _____ Condition tie-wrap? _____

Photo taken? _____

INFLATOR HOSE

For BC? _____ Condition: _____

For drysuit? _____ Condition: _____

Photos taken? _____

Notes: _____

DIVE COMPUTER

Manufacturer: _____ Model number: _____
Serial number: _____ Color: _____
In-service date: _____ Condition: _____
Shop ID marks: _____ Battery condition: _____
Service info: _____ Photos taken? _____
Readings: _____

Dive #	Date	Time of Day	Depth	Bottom Time	Ascent Rate
Dive #1					
Dive #2					
Dive #3					
Dive #4					
Dive #5					
Dive #6					
Dive #7					
Dive #8					
Dive #9					
Dive #10					

Notes: _____

INSTRUMENT CONSOLE

Manufacturer: _____ Depth gauge: _____
Depth gauge model: _____ Depth gauge manufacturer: _____
Depth gauge serial number: _____ Max depth indicator reading: _____
Range of depth gauge: _____ Does gauge read zero? _____
General condition: _____ Photo taken? _____
Compass? _____

SUBMERSIBLE PRESSURE GAUGE

Range _____ Manufacturer _____
Serial number: _____ Does gauge read zero? _____
Condition _____ Photo taken? _____
Slate present: _____ Markings on slate: _____
Comments: _____

DRYSUIT

Manufacturer: _____ Model: _____
Size: _____ Color: _____
Serial number: _____ Inflator valve mfg. _____
Condition exhaust: _____ Function inflator: _____
Exhaust valve mfg. _____ Condition exhaust: _____
Function exhaust: _____ Zipper mfg. _____
Hood? _____ Condition zipper: _____
Function of zipper: _____
Type neck seal: _____ Condition neck seal: _____
Type wrist seals: _____ Condition wrist seals: _____
Type boots: _____ Condition of boots: _____
Punctures? _____
Comments: _____

WETSUIT

Manufacturer: _____ Model: _____
Color(s): _____ Style: _____
Thickness: _____ General condition: _____
Jacket zip condition: _____ FJ zipper condition: _____
Beaver tail closure: _____ Closure condition: _____
Size: _____ Hood? _____
Comments _____

WEIGHT BELT

Type of belt: _____ Type of buckle: _____
Number of weights: _____ Type of weights: _____
Color of weights: _____ Weight keepers? _____
Total weight: _____
Clips & accessories? _____

Notes: _____

MASK, FINS AND SNORKEL

Mask mfg. : _____ Model: _____
Color: _____ Condition: _____
Purge valve? _____ Purge valve condition: _____
Strap condition: _____
Snorkel Mfg. _____ Model: _____
Color: _____ Purge valve? _____
Snorkel keeper: _____ Purge valve condition: _____
Fins mfg. _____ Model: _____
Size of fins: _____ Color: _____
General condition: _____ Strap condition: _____

MAINTENANCE RECORDS

Cylinder				
BC				
Power Inflator				
Regulator				
Dive Computer				