

APPENDIX E1

Open-Circuit Scuba Equipment Evaluation Forms

Jeffrey E. Bozanic

Next Generation Services

P.O. Box 3448

Huntington Beach, CA 92605-3448 USA

David M. Carver

Emergency Services Detail

Los Angeles County Sheriff's Department

1060 North Eastern Avenue

Los Angeles, CA 90063 USA

Forms in Appendix E:

- Dive computers
- Cylinders
- Valves
- Deco, pony or bailout cylinders
- Buoyancy compensators/alternate air sources
- Regulators
- Wetsuits
- Drysuits
- Watches, bottom timers, SPGs, compasses, depth gauges, capillary gauges, temperature gauges
- Masks
- Snorkels
- Fins
- Camera and video equipment
- Slates
- Goodie bags
- Lift bags
- Reels
- Knives/cutting tools
- Dive lights
- Jon lines
- Spear guns and slings
- Diver propulsion units

DIVE COMPUTER *(Complete one form per computer.)*

Manufacturer: _____ Model: _____

Serial#: _____ Condition: Poor Fair Good Excellent

Battery status: _____ Computer set to the correct time? Yes No

Computer status: Working Not working No battery

Location of the computer: Wrist mount Console on HP hose

Attached to BC Attached to hose Mask

Other: _____

Decedent's computer Dive partner's computer

Type of dive computer: Basic air only Basic nitrox Technical gas

Air integrated Dive profile recorder

Downloadable: Yes No

Programmable: Yes No

Program/mode used: Gauge mode Air mode Nitrox mode

Trimix mode Heliox mode Not working

Open circuit Closed circuit

Gas(es) programmed into computer: % O₂ _____ %He _____ In use at time

Gas # _____ %He _____ %O₂ _____ OC/CC Gas # _____ %He _____ %O₂ _____ OC/CC

Gas # _____ %He _____ %O₂ _____ OC/CC Gas # _____ %He _____ %O₂ _____ OC/CC

Gas # _____ %He _____ %O₂ _____ OC/CC Gas # _____ %He _____ %O₂ _____ OC/CC

Gas # _____ %He _____ %O₂ _____ OC/CC Gas # _____ %He _____ %O₂ _____ OC/CC

Gas # _____ %He _____ %O₂ _____ OC/CC Gas # _____ %He _____ %O₂ _____ OC/CC

List the computer's status at the following times:

When first located: On Off Dive Mode Violation Mode SI Mode

At the surface: On Off Dive Mode Violation Mode SI Mode

During evaluation: On Off Dive Mode Violation Mode SI Mode

Does computer automatically go into dive mode when submersed? Yes No

At what depth does computer go into Surface Mode (SI)? _____

If the computer information has been recorded, download the information as soon as possible and print hard copies of all relevant profiles and dive details. Maintain a computer file of the data that was downloaded. The computer's manufacturer might need to be contacted to assist in this process. Chamber directors like Karl Huggins have also proven to be a valuable

resource when assistance is needed in downloading from older computers. If the computer data cannot be downloaded, take photographs of the different screens showing any relevant information. After all important information has been gathered, the computer should be tested to ensure the computer was/is functioning correctly.

Computer information downloaded? Yes No

Downloaded by: _____ Date/time: _____

Computer records depth/time every _____ seconds

Computer shows gas consumption rates? Yes No

Depth testing of the computer

Depth	Computer depth	Depth	Computer depth
0 fsw	_____ fsw	130 fsw	_____ fsw
10 fsw	_____ fsw	120 fsw	_____ fsw
20 fsw	_____ fsw	110 fsw	_____ fsw
30 fsw	_____ fsw	100 fsw	_____ fsw
40 fsw	_____ fsw	90 fsw	_____ fsw
50 fsw	_____ fsw	80 fsw	_____ fsw
60 fsw	_____ fsw	70 fsw	_____ fsw
70 fsw	_____ fsw	60 fsw	_____ fsw
80 fsw	_____ fsw	50 fsw	_____ fsw
90 fsw	_____ fsw	40 fsw	_____ fsw
100 fsw	_____ fsw	30 fsw	_____ fsw
110 fsw	_____ fsw	20 fsw	_____ fsw
120 fsw	_____ fsw	10 fsw	_____ fsw
130 fsw	_____ fsw	0 fsw	_____ fsw

Complete a copy of this form for each dive computer worn by the decedent. If possible, complete this form for each dive computer worn by the decedent's dive partner, including all downloadable information.

Notes: _____

CYLINDER (Complete one form per cylinder.)

Manufacturer: _____ Model: _____

Working pressure: _____ Serial #: _____

Pressure when recovered: _____

Type:	Single	Sidemount	Doubles	Bailout	Deco	Staged	Pony
-------	--------	-----------	---------	---------	------	--------	------

Gas type:	Air	Nitrox	Trimix	Heliox	O ₂ Clean
-----------	-----	--------	--------	--------	----------------------

Cylinder Condition:	Poor	Fair	Good	Excellent
---------------------	------	------	------	-----------

Type:	Steel	HP or LP	Aluminum	Composite
-------	-------	----------	----------	-----------

Size: _____ Color: _____

Boot: Yes No Cylinder wrap: Yes No

VIP date: _____ Where: _____

Hydro date: _____ Where: _____

Initial fill pressure, if known: _____

Where the cylinder was last filled: _____

Compressor owner and address: _____

Current compressor gas analysis on file: Yes No (Attach copy of analysis.)

Last compressor filter change: _____

Oxygen clean compressor: Yes No

Who last filled the cylinder? _____

Date the cylinder was filled: _____

Gas labels attached to cylinder: Nitrox Trimix Other: _____

Reported gas mix used: Air Nitrox _____

Heliox/trimix O₂ _____ He _____

Was decedent trained in the use of the gas? Yes No Certification: _____

Was the cylinder analyzed before the dive? Yes No Unknown

Who analyzed the cylinder? _____

Investigator analysis

Pressure in cylinder when tested: _____

Manufacturer, model and serial# of analyzer: _____

Test results of portable analyzer: O₂ _____ He _____

Name of person who tested portable analyzer: _____

Date/time analyzer was tested: _____

Outside Gas Analysis Information

Cylinder sent for outside analysis: Yes No

Where was cylinder sent: AQMD Lab Private Lab Crime Lab

Name of the lab: _____

Address to the lab: _____

Cylinder given to (name): _____

Date/time cylinder was delivered: _____

Cylinder pressure at delivery: _____

Date/time cylinder was returned: _____

Cylinder pressure when returned: _____

Cylinder analyzed by: _____

Results: Meets Grade E Scuba Air O₂ _____ He _____ N₂ _____

Failed for the following reason: _____

In-House Gas Analysis Information

Cylinder gas analyzed by: _____

Where cylinder was analyzed: _____

Date/time of analysis: _____

Cylinder pressure when analyzed: _____

Cylinder pressure when done: _____

Testing analyzer manufacturer: _____ Model: _____ Serial#: _____

Date the analyzer was last tested/calibrated: _____

Gauge manufacturer/model/serial#: _____

Gauge last calibrated: _____

Results: O₂ _____ He _____

Visual Inspection Information

VIP conducted by: _____

Company name/address: _____

Date/time VIP was conducted: _____

Results: Pass Fail Fail Reasons: _____

Notes: _____

A complete gas analysis of all cylinders used during diving fatalities should be conducted by an accredited lab to ensure the gas meets scuba standards.

Use calibrated stand-alone gauges for cylinder pressure.

Complete a copy of this form for each cylinder used by the decedent. This includes a partner's cylinder if the decedent used it during the dive or if the partner reported problems that may possibly be related to bad gas in the cylinder.

VALVES (Complete one form per valve.)

Manufacturer: _____ Model: _____

Serial#: _____ Condition: Poor Fair Good Excellent

Serial number of the cylinder to which the valve was attached: _____

Type: Yoke O-ring in place: Yes No O-ring condition: P F G E

DIN Yoke insert: Yes No O-ring condition: P F G E

Manifold: Yoke DIN N/A

Was the valve oxygen cleaned? Yes No Unknown

How was regulator attached to the valve? _____

Did O-ring or valve leak during underwater test? Yes No

Position of the valve at time of fatality: _____

Position of the valve at start of testing: _____

Was valve manipulated during rescue/recovery? Yes No Unknown

Number of turns from open to close: _____

Difficulty in turning the valve on or off: Easy Moderate Difficult

Notes: _____

DECO, PONY OR BAILOUT CYLINDER(S) (Complete one form per cylinder.)

Manufacturer: _____ Model: _____

Working pressure: _____ Serial #: _____

Pressure when recovered: _____

Type: Bailout Deco Staged Spare air

Gas type: Air Nitrox Trimix Heliox O₂ clean

Cylinder condition: Poor Fair Good Excellent

Type: Steel HP or LP Aluminum Composite

Size: _____ Color: _____

VIP date: _____ Where: _____

Hydro date: _____ Where: _____

How was the cylinder carried? _____

How was regulator secured to the cylinder? Band Clip Other: _____

Could decedent reach 2nd stage? Yes No Unknown

Could decedent reach valve? Yes No Unknown

Initial fill pressure, if known: _____

Where the cylinder was last filled: _____

Compressor owner and address: _____

Current compressor gas analysis on file? Yes No (Attach copy of analysis.)

Last compressor filter change: _____

Oxygen clean compressor? Yes No

Who last filled the cylinder? _____

Date the cylinder was filled: _____

Gas labels attached to cylinder: Nitrox Trimix Other: _____

Reported gas mix used: Air Nitrox _____

Trimix O₂ _____ He _____

Heliox O₂ _____ He _____

Was decedent trained in the use of the gas:? Yes No Certification: _____

Was the cylinder analyzed before the dive? Yes No Unknown

Who analyzed the cylinder? _____

Investigator Analysis

Manufacturer, model and serial# of analyzer: _____

Pressure in cylinder at time of testing: _____

Test results of portable analyzer: O₂ _____ He _____

Name of person who tested portable analyzer: _____

Date/time analyzer was tested: _____

Outside Gas Analysis Information

Cylinder sent for outside analysis? Yes No

Where was cylinder sent: AQMD Lab Private Lab Crime Lab

Name of the lab: _____

Address to the lab: _____

Cylinder given to (name): _____

Date/time cylinder was delivered: _____

Cylinder pressure at delivery: _____

Date/time cylinder was returned: _____

Cylinder pressure when returned: _____

Cylinder analyzed by: _____

Results: Meets Grade E Scuba Air O₂ _____ He _____ N₂ _____

Failed for the following reason: _____

In-House Gas Analysis Information

Cylinder gas analyzed by: _____

Where cylinder was analyzed: _____

Date/time of analysis: _____

Cylinder pressure when analyzed: _____

Cylinder pressure when done: _____

Testing analyzer manufacturer: _____ Model: _____ Serial#: _____

Date the analyzer was last tested/calibrated: _____

Gauge manufacturer/model/serial#: _____

Gauge last calibrated: _____

Results: O₂ _____ He _____

Visual Inspection Information

VIP conducted by: _____

Company name/address: _____

Date/time VIP was conducted: _____

Results: Pass Fail Fail Reasons: _____

Notes: _____

Complete a copy of this form for each cylinder used by the decedent. This includes a partner's cylinder if the decedent used it during the dive or if the partner reported problems that may possibly be related to bad gas in the cylinder.

BUOYANCY COMPENSATOR

Manufacturer: _____ Model: _____

Serial#: _____ Condition: Poor Fair Good Excellent

Size: XS S M L XL XXL Volume: _____ Color: _____

Type: Jacket Style Horse Collar Jacket/Wing

Back Plate: Steel Composite Aluminum Plastic Other: _____

Wing: Banded Non-Banded

Wing Volume: _____

BC size appropriate for the diver? Yes No

BC attached to cylinder(s) properly? Yes No

Crotch strap? Yes No

Crotch strap interfere with weight ditching? Yes No Unknown

Weight integrated BC? Yes No

Weight integration type: Velcro Snap buckle Ripcord pull Other: _____

Weight per integrated pocket: Left: _____ Right: _____

Trim pockets? Yes No

Trim pocket locations: _____

Weight contained in the trim pockets: Left: _____ Right: _____

Integrated weights able to be ditched easily: Yes No

Amount of gas in the BC: _____ cc's

Amount of water in the BC: _____ cc's Fresh Salt

Power inflator attached correctly? Yes No

Does power inflator work correctly? Yes No

Does manual inflation work correctly? Yes No

Location of the dump valves: Upper right Upper left

Lower right Lower left

Do all the dump valves work? Yes No Notes: _____

Does the BC hold air? Yes No Notes: _____

Any leaks detected? Yes No

If yes, where were the leaks? _____

In-water testing of power inflator/dump valves: Worked as designed Did not work as designed

Any type of in-water malfunction? _____

Any diver modifications to the BC or weight system? Yes No

Describe in detail: _____

(Is there anything that prevents weight pockets from being dumped as designed?)

Do the regulator hoses interfere with BC operation? Yes No

Auxiliary gear attached to BC:	Knife	Light	Goodie Bag
	Reel	Lift Bag	Camera
	Audible Signal Device	Other: _____	

Alternate air source connected to the BC

Manufacturer: _____ Model: _____

Serial #: _____ Color: _____

Condition: Poor Fair Good Excellent

LP hose connected properly to air source? Yes No

Air source second stage works as designed? Yes No

In-water testing worked as designed? Yes No

Inhalation effort: _____ Exhalation effort: _____

Cylinder pressure when tested (should match cylinder pressure at time of fatality): _____

IP pressure: _____ Cracking pressure: _____

Magnahelic pressure: _____

Notes: _____

REGULATORS (Complete one form per regulator.)

Manufacturer: _____ Model: _____

Serial #: _____ IP pressure: _____

Type: Piston Diaphragm Yoke DIN

Condition of first stage: Poor Fair Good Excellent

Sinter Screen condition: Poor Fair Good Excellent

How many high-pressure ports? _____ How many low-pressure ports? _____

How many high-pressure hoses are attached to the first stage? _____

HP #1: Brand: _____ Color: _____ Length: _____ Use: _____

HP #2: Brand: _____ Color: _____ Length: _____ Use: _____

How many low-pressure hoses are attached to the first stage? _____

LP #1: Brand: _____ Color: _____ Length: _____ Use: _____

LP #2: Brand: _____ Color: _____ Length: _____ Use: _____

LP #3: Brand: _____ Color: _____ Length: _____ Use: _____

LP #4: Brand: _____ Color: _____ Length: _____ Use: _____

LP #5: Brand: _____ Color: _____ Length: _____ Use: _____

Was first stage attached correctly to valve? Yes No Unknown

Condition of the O-ring connecting a DIN first stage to the cylinder valve?

 Poor Fair Good Excellent Missing

Second Stage of the Regulator

Manufacturer: _____ Model: _____

Serial #: _____ Color: _____

Condition of 2nd stage: Poor Fair Good Excellent

Condition of the mouthpiece: Poor Fair Good Excellent Missing

Any holes or bite marks noted on the mouthpiece? No Yes Where? _____

Type of mouth piece: Standard Orthodontic Heat molded

Brand, type, length and color of the hose: _____

Position of diver control knob (note if none): _____

Position of venture knob (note if none): _____

Inhalation effort: _____ Exhalation effort: _____ PSI tested: _____

Cracking pressure: _____ Magnahelic pressure: _____ PSI tested: _____

ANSTI test results: Worked as designed Failed the ANSTI test

Worked underwater as designed? Yes No

Regulator (Alternate 2nd Stage)

Manufacturer: _____ Model: _____

Serial #: _____ Color: _____

Condition of alternate 2nd stage: Poor Fair Good Excellent

Condition of the mouthpiece: Poor Fair Good Excellent Missing

Any holes or bite marks noted on the mouthpiece: No Yes Where? _____

Type of mouth piece: Standard Orthodontic Heat molded

Brand, type, length and color of the hose: _____

Position of diver control knob (note if none): _____

Position of venture knob (note if none): _____

How was the decedent wearing the alternate 2nd stage? _____

Inhalation effort: _____ Exhalation effort: _____ PSI tested: _____

Cracking pressure: _____ Magnahelic pressure: _____ PSI tested: _____

ANSTI test results: Worked as designed Failed the ANSTI test

Worked underwater as designed? Yes No

Notes: _____

WETSUITS

Manufacturer: _____ Model: _____

Serial #: _____ Color: _____

Condition of the suit: Poor Fair Good Excellent Cut off

Wetsuit: Body size: _____ Thickness: _____ mm

Body type: Front zip Side zip Rear zip Hooded vest

Attached hood One piece Two piece

Other: _____

Gloves: Hand size: _____ Thickness: _____ mm Type: _____

Vest: Vest size: _____ Thickness: _____ mm Type: _____

Hood: Head size: _____ Thickness: _____ mm Type: _____

Booties: Boot size: _____ Thickness: _____ mm Type: _____

Lycra suit: Size: _____ Thickness: _____ mm Type: _____

Does the suit have any holes? Yes No Location: _____

Do the gloves have any holes? Yes No Location: _____

Does the vest have any holes? Yes No Location: _____

Does the hood have any holes? Yes No Location: _____

Do the booties have any holes? Yes No Location: _____

Does the wetsuit have any damage that is consistent with trauma? Yes No

Was the diver experienced in the wetsuit? Yes No

Was the diver used to diving in cold water? Yes No

Notes: _____

DRYSUITS

Manufacturer: _____ Model: _____

Serial #: _____ Color: _____

Condition of the suit: Poor Fair Good Excellent Cut

Condition of the seals: Poor Fair Good Excellent Cut

Condition of the zipper: Poor Fair Good Excellent Cut

Condition of relief zipper: Poor Fair Good Excellent Cut

Drysuit: Body Size: _____ Type: _____

Body type: Front zip Side zip Rear zip Latex seals
 Attached hood Dry gloves Attached boots Neoprene seals

Gloves: Hand size: _____ Thickness: _____ mm Type: _____

Hood: Head size: _____ Thickness: _____ mm Type: _____

Pocket locations: _____

Pocket type: Velcro Zipper Neoprene

Contents of the pockets: _____

LP hose connected to the drysuit valve? Yes No Unknown

Brand and condition of the LP hose: _____

Does the drysuit valve function? Yes No Unknown

Location of the exhaust valve on the suit: _____

Does the exhaust valve function properly? _____

Any debris located in the exhaust valve? Yes No

Did undergarment get stuck in exhaust valve? Yes No Unknown

In what position was the exhaust valve dial? _____

Did the drysuit flood? Yes No Unknown

Type of insulation worn under the drysuit: _____

Was victim certified or trained in drysuit use? Yes No

Level of experience in a drysuit: None Novice (1-10 dives) Intermediate (11-50 dives) Experienced (>50 dives)

Notes: _____

WATCH, BOTTOM TIMER, SPG, COMPASS, DEPTH GAUGE, CAPILLARY GAUGE, TEMPERATURE GAUGE

(Complete one form per instrument.)

Manufacturer: _____ Model: _____

Serial #: _____ Color: _____

Type of gauge: _____

Condition of the gauge: Poor Fair Good Excellent

Is the time correct on timing devices? Yes No

Is temperature correct on all thermometer devices? Yes No

Depth Testing of the Depth Gauge (Descent/Ascent)

Test Gauge Depth	Computer Depth	Test Gauge Depth	Computer Depth
0 fsw	_____ fsw	130 fsw	_____ fsw
10 fsw	_____ fsw	120 fsw	_____ fsw
20 fsw	_____ fsw	110 fsw	_____ fsw
30 fsw	_____ fsw	100 fsw	_____ fsw
40 fsw	_____ fsw	90 fsw	_____ fsw
50 fsw	_____ fsw	80 fsw	_____ fsw
60 fsw	_____ fsw	70 fsw	_____ fsw
70 fsw	_____ fsw	60 fsw	_____ fsw
80 fsw	_____ fsw	50 fsw	_____ fsw
90 fsw	_____ fsw	40 fsw	_____ fsw
100 fsw	_____ fsw	30 fsw	_____ fsw
110 fsw	_____ fsw	20 fsw	_____ fsw
120 fsw	_____ fsw	10 fsw	_____ fsw
130 fsw	_____ fsw	0 fsw	_____ fsw

Testing of the SPG (Pressurization/Depressurization Cycle)

Test Gauge Pressure	SPG Pressure	Test Gauge Pressure	SPG Pressure
0 psi	_____ psi	3500 psi	_____ psi
500 psi	_____ psi	3000 psi	_____ psi
1000 psi	_____ psi	2500 psi	_____ psi
1500 psi	_____ psi	2000 psi	_____ psi
2000 psi	_____ psi	1500 psi	_____ psi
2500 psi	_____ psi	1000 psi	_____ psi
3000 psi	_____ psi	500 psi	_____ psi
3500 psi	_____ psi	0 psi	_____ psi

MASKS (Complete one form per mask.)

Manufacturer: _____ Model: _____

Serial #: _____ Color: _____

Data-type mask?	Yes	No			
Condition of the mask:	Poor	Fair	Good	Excellent	Missing
Skirt intact?	Yes	No	Strap intact?	Yes	No
Mask found on decedent?	Yes	No	Mask on face	Mask on forehead	
Did the decedent have any problems equalizing or clearing the mask?	Yes	No	Unknown		
Was the mask flooded or partially flooded before fatality occurred?	Yes	No	Unknown		
Corrective lenses?			Yes	No	
Decedent's vision without corrective lenses:	_____				
Was decedent wearing contacts during the dive?			Yes	No	Unknown
Magnifying inserts:	Yes	No			
LCD display:	Yes	No	Functioning properly?	Yes	No
Did the mask have a purge valve?	Yes	No	Functioning properly?	Yes	No
Any blood or foreign objects inside the mask?			Yes	No	

Detail: _____

Data Mask Function Test

Did data mask function properly? Yes No

Notes: _____

SNORKELS

Manufacturer: _____ Model: _____ Color: _____

Condition of the snorkel: Poor Fair Good Excellent Missing

Mouth piece condition: Poor Fair Good Excellent Missing

Bite tabs intact? Yes No

Notes: _____

Does the snorkel have a purge valve? Yes No Functioning properly? Yes No

Any blood or foreign objects inside the snorkel? Yes No

Detail: _____

Where was the snorkel attached? Right side Left side

Other (describe): _____

Notes: _____

FINS

Manufacturer: _____ Model: _____ Color: _____

Condition of the fins: Poor Fair Good Excellent Missing

Fin sizes: XS S M L XL XXL

Other: _____

Type of fins: Open heel Full foot

 Split fins Freediving fins

Were the fins found on the decedent? Yes No Unknown

Type of straps used with the fins: Straps Springs

Did the fin straps have a quick-disconnect feature? Yes No

Were the fin strap quick-disconnects attached? Yes No Unknown

Did the fins fit the decedent? Yes No

Notes: _____

CAMERA OR VIDEO EQUIPMENT (Complete one form per camera.)

Manufacturer: _____ Model: _____

Serial #: _____ Color: _____

Camera type: Digital Still/video Media type: _____

 Film Still/movie Film type: _____

Lens manufacturer: _____ Type: _____

Serial #: _____ Filter: _____

Housing manufacturer: _____ Model: _____

Serial#: _____ Color: _____

Lens port type: _____

Camera functional? Yes No Housing flooded? Yes No

Decedent's camera? Yes No Partner's camera? Yes No

Strobe #1 manufacturer: _____ Model: _____

Serial#: _____ Color: _____

Strobe functional? Yes No Battery flooded? Yes No

Strobe #2 manufacturer: _____ Model: _____

Serial#: _____ Color: _____

Strobe functional? Yes No Battery flooded? Yes No

Light manufacturer: _____ Model: _____

Serial#: _____ Color: _____

Light functional? Yes No Flooded? Yes No

Type of clip or attachment used to secure equipment to the diver: _____

How was equipment connected to the diver? _____

Did location of equipment affect incident? Yes No

Did the clip, line or attachment become entangled? Yes No

Was the equipment negative or positively buoyant? Negative Positive

How negative or positively buoyant? _____

Did the buoyancy or lack of buoyancy affect incident? _____

How experienced was the decedent with the equipment? _____

Name of person who downloaded photographs/video: _____

Date/time photographs/video downloaded: _____

Name/date of person who made duplicate of videotape: _____

Download digital photographs and video to at least two different drives or storage devices, and maintain hard copies of all relevant photographs for the case file. If videotape was used in the camera, a duplicate copy of the tape should be made.

Does film or slides need to be developed? Yes No

Name of the lab hired to develop film/slides: _____

Date/time film/slides sent to the lab: _____

Date the negatives, prints or slides were received: _____

Maintain negatives, copy of prints or slides in the case file.

Notes: _____

SLATE (Complete one form per slate.)

Manufacturer: _____ Size of slate: _____

Type of slate: White board Sketch type Other: _____

How slate carried: On arm On leg On BC On console

Clipped to diver/where: _____

In a pocket/where: _____

Slate attached to lift bag: _____

Was pencil attached? Yes No How was pencil attached? _____

Did pencil or slate line create entanglement issue? Yes No Unknown

Did the dive plan on the slate match dive profile from the computer? Yes No

What type of deviation from the plan was made? _____

Make a photocopy of any slates used by the decedent or dive partner.
Try to get slate translation from partner if slate information is in shorthand.

Transcribe all notes from slate onto this form.

Notes: _____

Drawings or sketches from slate:

GOODIE BAG (Complete one form per bag.)

Manufacturer: _____ Model: _____

Size: XS S M L XL Color: _____

Type: _____ Number of bags: _____

Any items attached to the bag? Game measuring devices Other: _____

List contents: Empty _____

Weight of contents: None _____

Did the extra weight or drag cause any issues? Yes No Unknown

How was the bag a carried? _____

Did the manner in which the bag was attached cause any issues? Yes No Unknown

Was the bag ditched? Yes No

Who ditched? Victim Partner Rescuer

Was the ditched bag recovered? Yes No

Where and who recovered? _____

Notes: _____

LIFT BAG OR SURFACE MARKER BUOY (SMB) *(Complete one form per lift bag/SMB.)*

Manufacturer: _____ Model: _____

Type of bag: _____ Color: _____

Lift bag capacity: _____ pounds Lift bag markings: _____

Where was the lift bag carried? _____

Was the lift bag used during the dive? Yes No

Why was the lift bag used? Part of Plan Emergency Use Lifting Object

How was the bag inflated? Orally Regulator LP Hose Other _____

How was the bag deflated? Open bottom Manual dump Other _____

During testing, any leaks found in lift bag? Yes No Where: _____

After use, was the bag stowed, found in the water or located on the surface?

 Stowed In the Water Found on the surface

Diver experience level with the bag: None Novice Intermediate Experienced

Notes: _____

REEL (Complete one form per reel.)

Manufacturer: _____ Model: _____

Type of reel: Open Closed Other: _____ Color: _____

Type of line: Material _____ Twisted / Braided Size _____ Color: _____

How much line on the reel? _____

Was line marked in increments? Yes No How marked: _____

Handle type: Standard Goodwin Other: _____

Where was reel located? In pocket BC D-ring Harness Crotch strap
 Weight belt Other: _____

Did the way in which the reel was carried contribute to the fatality? Yes No Unknown

Was reel used during the dive? Yes No

Why was the reel used during the dive? _____

If used, did the reel ever jam or did the line become entangled? _____

Type of drag/locking mechanism on reel: _____

During testing, any problems noted? No Yes Describe: _____

Cutting device on reel? Yes No

Diver experience level with reel: None Novice Intermediate Experienced

Notes: _____

KNIVES OR CUTTING DEVICES (Complete one form per knife/cutting device.)

Manufacturer: _____ Model: _____

Type of tool: Knife (fixed or folding) Paramedic shears
Line cutters Other: _____

No type of tool carried by decedent

Tool material: Titanium Stainless Non-stainless steel Other: _____

Sheath: Open Locking Other _____ None

Where was the tool carried?	Calf:	Right	Left	Inner	Outer
	Thigh:	Right	Left	Inner	Outer
	Arm:	Right	Left	Inner	Outer
	Waist:	Right	Left	Front	Side
	Harness:	Right	Left	Front	Side
	Pocket:	Right	Left	Front	Side

Wetsuit sheath (describe where): _____

Other: _____

Was the tool in a position it could be used? Yes No Unknown

During testing could tool be removed easily? Yes No

If no, note why the tool could not be removed: Rust Sand Other: _____

Was tool removed during the dive? Yes No Unknown

Why was tool removed: Emergency Non-Emergency

Was the tool placed back into carrying device? Yes No Unknown

Notes: _____

DIVE LIGHTS *(Complete additional forms as needed.)*

Primary Light

Manufacturer: _____ Model: _____

Serial #: _____ Color: _____

Battery type: _____ Number of batteries: _____

Bulb type: Incandescent HID LED Xenon Other: _____

Light functional? Yes No Flooded? Yes No

How was the light carried or attached to the diver? _____

Detached light head (canister light)? Yes No

If yes, describe how light head cable stowed: _____

Did light contribute to the accident?: Yes No Unknown

During testing, did light and switch function properly? Yes No Describe: _____

Second Light

Manufacturer: _____ Model: _____

Serial #: _____ Color: _____

Battery type: _____ Number of batteries: _____

Bulb type: Incandescent HID LED Xenon Other: _____

Light functional? Yes No Flooded? Yes No

How was the light carried or attached to the diver? _____

During testing, did light and switch function properly? Yes No Describe: _____

Third Light

Manufacturer: _____ Model: _____

Serial #: _____ Color: _____

Battery type: _____ Number of batteries: _____

Bulb type: Incandescent HID LED Xenon Other: _____

Light functional? Yes No Flooded? Yes No

How was the light carried or attached to the diver? _____

During testing, did light and switch function properly? Yes No Describe: _____

Fourth Light

Manufacturer: _____ Model: _____
Serial #: _____ Color: _____
Battery type: _____ Number of batteries: _____
Bulb type: Incandescent HID LED Xenon Other: _____
Light functional? Yes No Flooded? Yes No
How was the light carried or attached to the diver? _____
During testing, did light and switch function properly? Yes No Describe: _____

Fifth Light

Manufacturer: _____ Model: _____
Serial #: _____ Color: _____
Battery type: _____ Number of batteries: _____
Bulb type: Incandescent HID LED Xenon Other: _____
Light functional? Yes No Flooded? Yes No
How was the light carried or attached to the diver? _____
During testing, did light and switch function properly? Yes No Describe: _____

Notes: _____

JON LINE (Complete one form per jon line.)

Manufacturer: _____ Model: _____

Type: _____ Length: _____ Color: _____

Where was the line carried?	Waist:	Right	Left	Front	Side
	Harness:	Right	Left	Front	Side
	Pocket:	Right	Left	Front	Side
	Other (describe):	_____			

Was the jon line in a position it could be used? Yes No Unknown

During testing could the line be removed easily? Yes No

If no, note why the jon line could not be removed: Rust Sand Other: _____

Was jon line removed during the dive? Yes No Unknown

Why was jon line removed? Non-emergency Emergency

Was the jon line placed back into carrying device? Yes No Unknown

Jon line length: _____ feet / inches

What type of clip was attached to the diver's side of the jon line? _____

What type of clip was attached to the nondiver end of the jon line? _____

If deployed, did the jon line become entangled? Yes No Unknown

Did the jon line contribute to the fatality? Yes No Unknown

Notes: _____

SPEAR GUN AND SLINGS *(Complete one form per spear gun.)*

Manufacturer: _____ Model: _____

Type: Pneumatic Banded Pole spear Hawaiian sling Other: _____

Length of gun: _____ Color: _____

How many bands? 1 2 3 4

Material made from: Wood Metal Other: _____

Does the gun have an attached reel? Yes No Unknown

Does the gun have an attached buoyancy device? Yes No Unknown

How much line is on the reel? _____ feet

Is there a "safety" on the gun? Yes No

If yes, does it function properly? Yes No Describe: _____

Buoyancy of gun: Negative Positive Buoyant force: _____ lbs

Was the gun used during the dive? Yes No Unknown

Was the use of the gun a factor in the incident? Yes No Unknown

Was the gun attached to the diver? Yes No Unknown

How was the gun attached to the diver? _____

Did the gun contribute to the fatality? Yes No Unknown

Was any game attached to the diver? Yes No Unknown

If yes, describe types, number, sizes, and how attached: _____

Notes: _____

DIVER PROPULSION VEHICLES (DPV)

Manufacturer: _____ Model: _____

Type: _____ Color: _____

DPV activation mechanism: _____

Was the diver trained to use the unit? Yes No Unknown

How experienced was the diver with the unit? Novice Intermediate Experienced

How was the unit attached to the diver? _____

Number of divers using the DPV at the time of the incident: _____

Number of divers with DPVs in dive team: _____

Was the diver using the unit when the incident occurred? Yes No Unknown

Was the DPV functional at time of the incident? Yes No Unknown

Was the unit negatively or positively buoyant? Negative Positive

How negative or positively buoyant was the unit? _____ pounds

Trim weights added to DPV? Yes No Unknown _____ pounds

DPV flooded? Yes No Unknown

Any modifications made to DPV? _____

Did the DPV contribute to the accident? Yes No Unknown

Note test results below.

Notes: _____
