

Pro-Tech Training Dive Log

Course Name	
Instructor	
Assistant	
Student One	
Student Two	
Student Three	
Student Four	

Dive N°	
Date	
Dive Site	
Location	
Max. Depth	
Temperature	Surface
	Depth
Current	Y / N
Salt / Fresh	
Boat / Shore	

Notes / Comments:

BTM Mix ___ Gas 1 ___ Gas 2 ___			
Bottom Gas	Available Gas		
	Usable Gas		
	Reserve Gas		
	Gas 1	Gas 2	
Deco Gas	Available Gas		
	Usable Gas		
	Reserve Gas		

<input type="checkbox"/> CCR	<input type="checkbox"/> Depth/Timer x2
<input type="checkbox"/> Doubles ___	<input type="checkbox"/> Exposure Suit
<input type="checkbox"/> Single Tank	<input type="checkbox"/> Mask x2
<input type="checkbox"/> Stage Gas	<input type="checkbox"/> Fins
<input type="checkbox"/> Deco Gas	<input type="checkbox"/> Weight ___ Kg
<input type="checkbox"/> Regulators	<input type="checkbox"/> SMB
<input type="checkbox"/> Dive Plan	<input type="checkbox"/> Spool
_____	<input type="checkbox"/> Primary Reel
<input type="checkbox"/> Compass	<input type="checkbox"/> Lights
<input type="checkbox"/> Wet Notes	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Cutting Tool	_____

Total CNS ___ %
 CCR Scrubber Duration ___ mins

S:I _____
3m : ___ min
6m : ___ min
9m : ___ min
12m : ___ min
15m : ___ min
18m : ___ min
21m : ___ min
___m : ___ min
___m : ___ min
___m : ___ min
___m : ___ min
___m : ___ min
Max. Depth ___ Bottom Time ___
Total Run Time ___

- Skills:
1. _____
 2. _____
 3. _____
 4. _____
 5. _____
 6. _____
 7. _____
 8. _____
 9. _____
 10. _____

Student One Sign: _____	Date: _____
Student Two Sign: _____	Date: _____
Student Three Sign: _____	Date: _____
Student Four Sign: _____	Date: _____
Instructor Sign: _____	Date: _____



Pro-Tech

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