

Individual Dive Log

Taylor County Artificial Reef Development Program Diving Science and Safety Program

Year _____ Name _____ Department _____

Months _____ Please return every two months. Complete with current dives or indicate here: **No dives made this time period:**

#	Date	Buddy/Partner	Site/location Project #	SIT	Time IN	Time OUT	Depth FSW	RGL RNT	SS/ Deco Stop	PSI used	Dive Master	Gas Mix	
												Computer	Comments
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													

This log can be used to document the required 12 annual dives. In the absence of 12 scientific dives, recreational dives may be used to demonstrate skills maintenance.

I have completed the above dives in fulfillment of the DSSP requirements. Signature: _____