


**Marshall**  **Date**   
 Surface Vis  Slack Time =   
 UW Vis  H/W =   
 L/W =

Time of Last Man up   
**Dive No:**

**Site/type**   
**Weather** Sun (Temp °C) - Cloudy - Rain -   
**Wind Direction/Speed**   
**Sea State/Sea Temp**  °C  
**Bottom composition**   
**Expected depth**

**Boat**   
 Boat Info-hours IN  Hours OUT   
 Fuel / Oil / VHF / Radio Check   
 **Boat Checks**  **Damage / Faults ?**

**Tear off Section**

Date.....

Marshal .....

SHORE

FLYER RIB

**Dive No**

**Cost per Dive**

1st £   
 2nd £

No of Divers.....

1st =   
 2nd =

**Total monies IN**

£

**Expenses:-**

Petrol £

£

**Total expenses OUT**

£

**Total monies to Treasurer**

£

**Signed:**

Name	leader	air bar	Mix %& (MOD: Maximum Operating Depth (m))		STOPS						air out	Colour (D)SMB	Signed	
			MOD	LT	Time IN	Time OUT	9M	6M	3M	T-TIME				DEPTH
1	<input type="radio"/>	<input type="checkbox"/>	%	m										
2	<input type="radio"/>	<input type="checkbox"/>	%	m										
3	<input type="radio"/>	<input type="checkbox"/>	%	m										
4	<input type="radio"/>	<input type="checkbox"/>	%	m										
5	<input type="radio"/>	<input type="checkbox"/>	%	m										
6	<input type="radio"/>	<input type="checkbox"/>	%	m										
7	<input type="radio"/>	<input type="checkbox"/>	%	m										
8	<input type="radio"/>	<input type="checkbox"/>	%	m										
9	<input type="radio"/>	<input type="checkbox"/>	%	m										
10	<input type="radio"/>	<input type="checkbox"/>	%	m										
11	<input type="radio"/>	<input type="checkbox"/>	%	m										
12	<input type="radio"/>	<input type="checkbox"/>	%	m										
13	<input type="radio"/>	<input type="checkbox"/>	%	m										

**EMERGENCY Telephone 999 or 0831 151 523 (Duty Diving Medical Officer) or PAN PAN MEDICO**

O2 on board   
 Details of O2 administration:- Time Started  Time Finished  General improvement:

**Note position of and time of onset of the following:**

	Position	Time		Time
Weakness	<input type="text"/>	<input type="text"/>	Nausea	<input type="text"/>
Paralysis	<input type="text"/>	<input type="text"/>	Loss of Bladder/	<input type="text"/>
Numbness	<input type="text"/>	<input type="text"/>	Bowel control	<input type="text"/>
Pins and needles	<input type="text"/>	<input type="text"/>	Headache	<input type="text"/>
Joint pain	<input type="text"/>	<input type="text"/>	Confusion	<input type="text"/>
Skin Rashes	<input type="text"/>	<input type="text"/>	Convulsions	<input type="text"/>
Skin bruises	<input type="text"/>	<input type="text"/>	Balance loss	<input type="text"/>
Skin Itches	<input type="text"/>	<input type="text"/>	Unconscious	<input type="text"/>

Record Pulse 10 mins intervals

10	<input type="text"/>
20	<input type="text"/>
30	<input type="text"/>
40	<input type="text"/>
50	<input type="text"/>
60	<input type="text"/>
1,10	<input type="text"/>
1,20	<input type="text"/>


O2 % Mix	MOD@ PPO2 =	MOD@ PPO2 =	MOD@ PPO2 =
	1.4	1.5	1.6
21	57	61	66
25	46	50	54
27	42	46	49
28	40	44	47
32	34	37	40
34	31	34	37
36	29	32	34
40	25	28	30

^ Recommended

**Neuro Checks:**

1. Ask name & age, Day, Time.
2. How many fingers am I holding up? What is that in the distance? Follow moving finger.
3. Strength should be equal in both arms. Push arms up and ask diver to resist. Check leg strength by diver lying flat & raising legs, you put pressure.
4. Diver to stand with feet together, closed eyes and stretch out arms.
5. Diver to move their finger rapidly between their nose and your finger 18" away. Get diver to slide heel of one foot down shin of other.
6. Diver to stick out tongue - should come out centrally not to one side.
7. Diver to shut eyes and check touch sensation when you lightly touch forehead & face. Check sensation is present and same everywhere.
8. Same as above but on body. Diver to confirm sensation.(Do each Side)

If any of the tests are not normal, injury to the central nervous

 **First Aid administered / Notes:**  
 Practice the Neuro exam on normal divers to become proficient in the test.

MOD: Maximum Operating Depth (m)