

UM DIVING SAFETY PROGRAM MONTHLY DIVE LOG

Submit to the Diving Office Monthly. Fill in completely!
If no dives were logged, indicate by writing "No Dives".

Name _____ Signature _____
Month _____ Year _____ Certification Depth _____

#				Dive Time		Bottom	Safety Std	Max	Specify Which Tables	Conditions/ Comments
	Date	Buddy	Location	In	Out	Time	Depth/Time	Depth	or Computer Used Purpose	
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										

Indicate total activity for the month:				
Depth Range	0-30'	31-60'	61-100'	>100'
# of Dives	0	0	0	0
Total BT: tables	0	0	0	0
# Dives: tables	0	0	0	0
Total BT: compu	0	0	0	0
# Dives: comput	0	0	0	0

* Purpose: Research (please specify project),
Training, Sport, etc.

Did any equipment problems, accidents or potentially
dangerous experiences occur? Yes___ No___
If yes explain in detail (use back of sheet too!).