

Arizona State University Dive Safety Program

Owner: _____ **Date:** _____

- 1. **NEW**, purchase date: _____
- 2. **COMPLETE OVERHAUL**, service date: _____
- 3. **PERIODIC INSPECTION**, last test: _____ **Number of Dives Since Last Overhaul:** _____

Regulator

1st Stage: _____ Serial: _____
 Pri 2nd Stage: _____ Serial: _____
 Alt 2nd Stage: _____ Serial: _____

| Regulator Test | High Test | Low Test |
|--------------------------|-------------------|-------------------|
| Input Pressure | 3000 PSI | 500 PSI |
| IP Lockup | PSI | PSI |
| IP Drift | PSI | PSI |
| Cracking Effort, Primary | “H ₂ O | “H ₂ O |
| Cracking Effort, Alt. | “H ₂ O | “H ₂ O |
| Leak test | PASS | FAIL |
| Hose Inspection | PASS | FAIL |
| Mouth Pieces | PASS | FAIL |

Instruments

Computer: _____ Serial: _____
 Depth Gauge: _____ Serial: _____
 Pressure Gauge: _____ Serial: _____

| | FSW | Depth Gauge | Computer | Input Pressure (Actual) | Gauge Pressure PSI Bar | |
|--|-------------|-------------|-------------------|-------------------------|---------------------------|--|
| Certification Standards: Range %Scale 1 st ¼ 1% 2 nd ¼ 2% 3 rd ¼ 3% 4 th ¼ 4% <small>All indicated depths must be equal to or greater than actual.</small> | 0 | | | 0 PSI / 0 Bar | | Certification Standards: Range %Scale 1 st ¼ 1% 2 nd ¼ 2% 3 rd ¼ 3% 4 th ¼ 4% <small>All indicated pressures must be equal to or less than actual.</small> |
| | 10 | | | 500 PSI / 34.5 Bar | | |
| | 20 | | | 1000 PSI / 69 Bar | | |
| | 30 | | | 1500 PSI / 103.5 Bar | | |
| | 40 | | | 2000 PSI / 138 Bar | | |
| | 60 | | | 2500 PSI / 172.5 Bar | | |
| | 80 | | | 3000 PSI / 207 Bar | | |
| | 100 | | | | | |
| | 120 | | | | | |
| | 150 | | | | | |
| Assessment | PASS | PASS | | PASS | | |
| | FAIL | FAIL | Assessment | FAIL | | |

BCD

Make/Model: _____ Serial: _____
 Inflator test: **PASS / FAIL** Aircell test: **PASS / FAIL** Dump valves: **PASS / FAIL** Harness: **PASS / FAIL**
PASS - OVERHAUL DUE: _____ **FAIL - SERVICE REQUIRED BEFORE RETEST**

- PASS - 12 MONTH INSPECTION DUE:** _____
- PASS - OVERHAUL DUE:** _____
- FAIL - SERVICE REQUIRED BEFORE RE-TEST**

Technician: _____ **Comments:** _____

Signature: _____

Test Date: _____