

University of Miami

DSO Diving Equipment Repair Form



DIVER'S NAME:		DATE:	
Repair Location:			
Technician's Name:			

REGULATOR

1st Stage	Make:		Model:		Serial #:	
2nd Stage	Make:		Model:		Serial #:	
Octo	Make:		Model:		Serial #:	

Initial IP:	Final IP:
Service (Circle): Annual Biannual Other Service Date:	

Additional Services Performed/Parts Replaced:

BCD

Make:		Model:		Serial #:	
Inflator Serviced (Circle):	Yes No	Inflator Replaced (Circle):	Yes No		
Leak Test (Circle) :	Wet Dry				

Additional Services Performed/Parts Replaced:

COMPUTER

Make:		Model:		Serial #:	
Battery Condition (Circle):	New Functioning	Low	Last Battery Replacment:		
Battery Type (Circle):	User Replaceable Rechargeable	Replaced by Manufactor			
Evidence of Flooding (Circle):	Yes No		Years in Service:		
Button Functions (Circle):	Functioning Non-functioning				
Pressure test Performed (Circle):	Yes No				

Additional Services Performed/Parts Replaced: