

Keys Marine Laboratory
DAILY DIVER LOG & ROSTER (ver 2017.06.01)

SENIOR RESPONSIBLE DIVER(S): _____ DATE: _____

DIVING OBJECTIVE: _____

DIVER NAME & AAUS AFFILIATION	DIVE 1		DIVE 2		DIVE 3	
	PSI IN/OUT	TIME IN/OUT	PSI IN/OUT	TIME IN/OUT	PSI IN/OUT	TIME IN/OUT
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

DIVING SITE(S) OR LOCATION(S) & DEPTHS: _____

ANTICIPATED NUMBER OF DIVES: _____ WILL REPETITIVE DIVING OCCUR? _____ YES _____ NO

VESSEL DIVING WILL BE STAGED FROM: _____

PERMITS REQUIRED: _____ YES _____ NO

WORKING WITHIN MPA: _____ YES _____ NO IF YES, FKNMS NOTIFIED: _____ YES _____ NO

COPY OF DIVE PLAN & EMERGENCY CONTACT INFO: ON FILE _____ YES ☺ ON BOARD _____ YES ☺

AAUS Scientific Diver Air Management Agreement

ATTENTION: Any diver under KML’s supervision is expected to return to the vessel (or back to shore) with no less than 300 PSI in their scuba cylinder. It is **recommended** that they return with no less than **500 PSI**. KML reserves the right to prohibit a diver from continuing to dive if it is found that the diver has ignored this policy. In addition, both the USF/FIO DSO as well as the participating AAUS OM DSO will be notified of this policy violation. **Any cylinder with less than 100 psi will be subject to additional charges for cylinder inspection.**

1. I have read and understand the **“USF Standards for Scientific Diving Manual”** and agree to abide by the **KML Air Management Policy for Scientific Diving**.
2. I understand that it is recommended that I return with no less than 500 PSI.
3. If I return to the vessel (or back to shore) with **less than 300 PSI** in my scuba cylinder (1st offense), I understand that all further diving activities for that day may be terminated.
4. If I return to the vessel (or back to shore) with **less than 300 PSI** in my scuba cylinder (2nd offense), I understand that all further diving activities for that day will be **immediately suspended** and diving privileges at Keys Marine Lab will **be revoked for 6 months**.

Diver printed name/affiliation _____ Signature _____

Diver printed name/affiliation _____ Signature _____

Diver printed name/affiliation _____ Signature _____

Diver printed name/affiliation _____ Signature _____

Diver printed name/affiliation _____ Signature _____

Diver printed name/affiliation _____ Signature _____

IF NEEDED: Refusal of Treatment: I, _____ have been made aware of the consequences of refusal of treatment and by affixing my signature to this page acknowledge the above. I have the option to withdraw this refusal at any time. In the case of guardianship, the above named individual’s guardian will sign this form in lieu of the individual themselves acknowledging the right to refuse and approving that choice for the individual.

Date: _____ Signed: _____ (Care Provider)

Date: _____ Signed: _____ (Individual or Guardian)