

STANDARDIZED EQUIPMENT PROGRAM TRANSACTION FORM

DIVER NAME	UNIT NAME	UNIT PHONE NUMBER	DATE
SHIPPING ADDRESS	UNIT DIVING SUPERVISOR NAME	UNIT DIVING SUPERVISOR SIGNATURE	

DIRECTIONS: Use the check box to indicate the type of action performed and the item(s) being requested, issued, returned, or inventoried.

CHECK	ITEM DESCRIPTION	SERIAL NUMBER	CHECK	ITEM DESCRIPTION	CHECK	ITEM DESCRIPTION
<input type="checkbox"/>	Regulator – 1 st stage		<input type="checkbox"/>	Ankle Weights	<input type="checkbox"/>	Gear Bag
<input type="checkbox"/>	Regulator – 2 nd stage		<input type="checkbox"/>	Boots	<input type="checkbox"/>	Knife
<input type="checkbox"/>	Alternate air source		<input type="checkbox"/>	Compass	<input type="checkbox"/>	Weight belt
<input type="checkbox"/>	Pressure gauge		<input type="checkbox"/>	Dive Alert	<input type="checkbox"/>	Weight harness <input type="radio"/> S <input type="radio"/> M <input type="radio"/> L
<input type="checkbox"/>	Depth Gauge		<input type="checkbox"/>	Fins <input type="radio"/> M <input type="radio"/> L <input type="radio"/> XL <input type="radio"/> T	<input type="checkbox"/>	Other:
<input type="checkbox"/>	RASS 1 st stage regulator		<input type="checkbox"/>	Gloves <input type="radio"/> Wet <input type="radio"/> Dry	Size:	
<input type="checkbox"/>	RASS 2 nd stage regulator		<input type="checkbox"/>	Hood <input type="radio"/> Wet <input type="radio"/> Dry	Size:	
<input type="checkbox"/>	RASS pressure gauge		<input type="checkbox"/>	Wetsuit <input type="radio"/> Full <input type="radio"/> 2-piece	Size:	<input type="radio"/> 3mm <input type="radio"/> 5mm <input type="radio"/> 7mm <input type="radio"/> other ____
<input type="checkbox"/>	BCD		Comments:			
<input type="checkbox"/>	Full Face Mask					
<input type="checkbox"/>	Dry Suit					

DIVER SIGNATURE	DATE	Return completed form to: SEP.NDC@noaa.gov
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