

DIVING UNIT INSPECTION CHECKLIST

DIVING UNIT INFORMATION

DIVING UNIT NAME	LINE OFFICE	DATE of LAST INSPECTION	DATE of CURRENT INSPECTION	
DIVING UNIT ADDRESS	CITY	STATE	ZIP CODE	

DUSI DIVING UNIT SELF INSPECTION - Conducted annually by UDS or designee, not required if DUSA conducted within previous or following six (6) months.

DUSA DIVING UNIT SAFETY ASSESSMENT - Conducted triennially by DSO or designee.

INSPECTOR NAME	INSPECTOR SIGNATURE	DATE of SIGNATURE
UNIT DIVING SUPERVISOR (UDS) NAME	UDS SIGNATURE	DATE of SIGNATURE
LINE OFFICE DIVING OFFICER (LODO) NAME	LODO SIGNATURE	DATE of SIGNATURE
DIVING SAFETY OFFICER (DSO) NAME	DSO SIGNATURE	DATE of SIGNATURE

Ships Only

SHIP DIVING OFFICER NAME	SHIP DIVING OFFICER E-MAIL ADDRESS	COMMANDING OFFICER NAME
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INSTRUCTIONS

This checklist is used for all NOAA Diving Unit Inspections. The UDS or designee will conduct the annual DUSI (Diving Unit Self Assessment) while the DSO or designee will conduct the triennial DUSA (Diving Unit Safety Assessment). There are five (5) sections of questions on different Diving Unit components and a comment area which must be completed for a DUSI, there are seven (7) sections and a comment area for a DUSA.

Components of Inspection:

- | | |
|--------------------------------|--|
| A. Administration | E. Breathing Gas Compressors and System Components |
| B. Training | F. Dive Briefing (DUSA only) |
| C. Scuba Equipment and Storage | G. Dive Rescue (DUSA only) |
| D. Support Equipment | H. Inspection Comments and Recommendations |

After a DUSI has been completed, the UDS must send a signed copy to their LODO by 15 January. The LODO will review and sign the checklist and forward a copy to the DSO. The UDS must retain a copy of the most recent DUSI checklist in the Unit files (it is advisable to keep copies of all DUSI checklists, but only the most recent is required).

There is one circumstance in which a Diving Unit is not required to conduct and submit an annual DUSI by the 15 January deadline. If a triennial DUSA inspection has been conducted after 15 July of one year or is scheduled for before 15 July of the following year, a DUSI is not needed during the intervening January. An inspection must occur no more than 18 months after the preceding one, the above dates ensure this schedule is met. Assuming DUSAs are scheduled for the same month every three years, the sequence of inspections would be DUSA - DUSI - DUSI - DUSA . . .

The questions below should be answered 'Yes', 'No' or 'n/a' as appropriate. An explanation should be provided for any question which receives a 'No' answer. These explanations should be sufficiently detailed to relate the cause of the 'No' answer. For example, question A7 is, 'Is a Dive Computer User Agreement (NF 57-03-68) on file for each diver that uses a dive computer?', a sufficient explanation for a 'No' answer would be, 'Two divers have recently purchased dive computers and have not signed the forms yet.' The final section of the checklist provides an expanded area to provide comments on the inspection in general or any question(s) specifically. Corrective actions to resolve deficiencies will be determined by the UDS and LODO. The comment box in Sec H may be used to describe corrective actions proposed by the UDS.

DIVING UNIT INSPECTION CHECKLIST

SECTION A: ADMINISTRATION

<p>A1 Does the Diving Unit have a sufficient number of qualified divers to complete its required operations? Reference: NDSSM TBD Comments:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a</p>
<p>A2 Does the Diving Unit have a sufficient number of qualified Divemasters and/or Lead Divers? Reference: NDSSM TBD Comments:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a</p>
<p>A3 Are all Diving Unit divers authorized to dive? This question and all subsequent questions which refer to 'divers' do not pertain to personnel who are medically unauthorized or who are on a TDY assignment which prevents required training, proficiency, etc. Reference: NDSSM TBD Comments:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a</p>
<p>A4 Does the Diving Unit maintain a Unit Log which includes operational diving information, training accomplished, drills, equipment service/testing, etc.? Reference: NDSSM TBD Comments:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a</p>
<p>A5 Has the UDS filed an up-to-date Diving Emergency Assistance Plan (DEAP, NF 57-03-21), with the NDC for the current year? Reference: NDSSM TBD Comments:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a</p>
<p>A6 Is the latest edition of the NOAA Diving Standards and Safety Manual (NDSSM) at the Diving Unit in electronic or hard copy format? Reference: NDSSM TBD Comments:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a</p>
<p>A7 Is a Dive Computer User Agreement (NF 57-03-68) on file for each diver who uses a dive computer? Reference: NDSSM TBD Comments:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a</p>
<p>A8 Does the UDS have off-duty use of SEP gear forms (NF 57-03-69 and NF 57-03-70) filed for each diver who uses SEP gear for off-duty diving? Reference: NDSSM TBD Comments:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a</p>

DIVING UNIT INSPECTION CHECKLIST

SECTION A: ADMINISTRATION (continued)

<p>A9 Have all DUSI or DUSA findings from the previous inspection been corrected or have a corrective action plan (CAP) in progress? Reference: DUSA Standards and Procedures 6.4 Comments:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
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SECTION B: TRAINING

<p>B1 Has each diver completed the annual refresher training provided on the NDC website in the past 12 months and have the completion dates been documented? Reference: NDSSM TBD Comments:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
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<p>B2 Is each diver currently certified in cardio-pulmonary resuscitation (CPR), automated external defibrillator (AED), oxygen administration, and First Aid? Reference: NDSSM TBD Comments:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
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<p>B3 Has each diver completed the annual watermanship swim test with completion time documented? Reference: NDSSM TBD Comments:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
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<p>B4 Has each diver conducted at least one in-water rescue and basic skills checkout dive with a UDS or designee in the past 12 months with results documented on form NF 57-03-35? Reference: NDSSM TBD Comments:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
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<p>B5 Has each diver who may be required to use the Reserve Air Supply System (RASS) been trained in its use? Reference: NDSSM TBD Comments:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
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<p>B6 Has each diver who may be required to use line-tending techniques for stand-by divers been trained in these procedures? Reference: NDSSM TBD Comments:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
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<p>B7 Has each SCUBA cylinder filling station operator been trained for the specific compressor and/or fill stations operating procedures and has the training been documented? Reference: NDSSM TBD Comments:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
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DIVING UNIT INSPECTION CHECKLIST

SECTION B: TRAINING (continued)

<p>B8 Have rebreather divers completed a minimum of one Open Circuit Bail Out from 100 fsw in the last 12 months? The OCBO should include gas switches and simulated decompression stops, if applicable. Reference: NDSSM TBD Comments:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
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<p>B9 If decompression, mixed gas or rebreather dives have been conducted in the last 12 months, were the current checklists used? Reference: NDSSM TBD Comments:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
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SECTION C: SCUBA EQUIPMENT and STORAGE

<p>C1 Is diving equipment stored in a secure, properly ventilated space free of pervasive noxious fumes and/or severely corrosive elements? Reference: NDSSM TBD Comments:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
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<p>C2 Is space available to allow for proper equipment maintenance and organization of diving equipment? Reference: NDSSM TBD Comments:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
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<p>C3 Are all divers wearing equipment in accordance with NDP policy, either in the standard configuration or as authorized under a LODO waiver? Reference: NDSSM TBD Comments:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
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<p>C4 Has each diver performed an inventory of SEP issued gear within the last 12 months? Reference: NDSSM TBD Comments:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
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<p>C5 Has each SCUBA cylinder (including RASS cylinders) been visually inspected in the last 12 months and labeled accordingly or tagged out and removed from service? Reference: NDSSM TBD Comments:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
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DIVING UNIT INSPECTION CHECKLIST

SECTION C: SCUBA EQUIPMENT and STORAGE (continued)

<p>C6 Has each SCUBA cylinder (including RASS cylinders) been hydrostatically tested within the last five (5) years and marked accordingly or tagged out and removed from service? Reference: NDSSM TBD Comments:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a</p>
<p>C7 Is each SCUBA cylinder used with gas mixtures other than air (e.g., Nitrox) labeled accordingly? Reference: NDSSM TBD Comments:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a</p>
<p>C8 Is all equipment used with gas mixtures containing oxygen concentrations of 40% or greater cleaned, approved for oxygen service and labeled accordingly? Reference: NDSSM TBD Comments:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a</p>
<p>C9 Have all non-SEP SCUBA regulators, full face masks, BCD inflators, depth/time gauges and submersible pressure gauges been serviced in the last 12 months and documented? Reference: NDSSM TBD Comments:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a</p>
<p>C10 Are all dry suits and ancillary equipment (hoods, ankle weights, inflator hoses, boots, etc.) functional or tagged out and removed from service? If equipment is tagged out, please indicate this in the question comment section below. Reference: NDSSM TBD Comments:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a</p>
<p>C11 Have all dry suit inflator and dump valves been tested for proper function in the last two (2) years and documented or tagged out and removed from service? If equipment is tagged out, please indicate this in the question comment section below. Reference: NDSSM TBD Comments:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a</p>
<p>C12 Has all tethered SCUBA equipment been serviced in the last 12 months and documented or tagged out and removed from service? If equipment is tagged out, please indicate this in the question comment section below. Reference: NDSSM TBD Comments:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a</p>

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SECTION C: SCUBA EQUIPMENT and STORAGE (continued)

<p>C13 Has decompression, mixed gas, and/or rebreather equipment been serviced according to the manufacturer's recommendations and documented or tagged out and removed from service? If equipment is tagged out, please indicate this in the question comment section below. Reference: NDSSM TBD Comments:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
<p>C14 Have DUI weight harness pockets been detached from the harness in the last 12 months? Reference: NDSSM TBD Comments:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
<p>C15 Is all non-life supporting diving equipment (wetsuits, masks, fins, snorkels, gloves, hoods, knives) functional? Reference: NDSSM TBD Comments:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a

SECTION D: SUPPORT EQUIPMENT

<p>D1 Is a Divemaster Kit, with the NDP-required components at a minimum, available at the Diving Unit? Reference: NDSSM TBD Comments:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
<p>D2 Is a NDP/NDMO-approved First Aid Kit available at the Diving Unit? Reference: NDSSM TBD Comments:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
<p>D3 Are all medications in the First Aid Kit within listed expiration dates? Reference: NDSSM TBD Comments:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
<p>D4 Is a portable oxygen kit with a bag-type manual resuscitator, in good working order and capable of ventilating an unconscious patient, available for use at each dive site? Reference: NDSSM TBD Comments:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
<p>D5 Have all oxygen kit positive pressure demand valves been tested according to the manufacturer's recommendations and documented or tagged out and removed from service? Reference: NDSSM TBD Comments:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a

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SECTION D: SUPPORT EQUIPMENT (continued)	
<p>D6 Has each oxygen kit cylinders been hydrostatically tested within the last five (5) years and marked accordingly or tagged out and removed from service? (Steel cylinders with a current '*' stamp indicate ten (10) year hydrostatic test requirement). Reference: NDSSM TBD Comments:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a</p>
<p>D7 Are all oxygen kits stored in a clean, protected, properly labeled and readily available space? Reference: NDSSM TBD Comments:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a</p>
<p>D8 Is a sufficient quantity of oxygen available to provide oxygen to two (2) injured divers during transport from the dive site to the next higher level of care or 12 hours, whichever is less? Reference: NDSSM TBD Comments:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a</p>
<p>D9 Is a backboard in good condition, available for diving emergencies? Reference: NDSSM TBD Comments:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a</p>
<p>D10 Is a system for recalling divers available at each dive site? Reference: NDSSM TBD Comments:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a</p>
<p>D11 Is an International Code of Signals flag 'Alpha' and/or sport diver flag that meets local size requirements available at each dive site? Reference: NDSSM TBD Comments:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a</p>
<p>D12 Does the Diving Unit have a functioning AED readily available and at dive sites when feasible? Reference: NDSSM TBD Comments:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a</p>
<p>D13 If an oxygen analyzer is in use, have the sensors been replaced annually or according to the manufacturer's recommendations and the replacement date documented? Reference: NDSSM TBD Comments:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a</p>

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SECTION E: BREATHING GAS COMPRESSORS and SYSTEM COMPONENTS

<p>E1 Is a SCUBA cylinder fill system located at the Diving Unit? If 'No', your inspection is complete. Please proceed to Section H and enter any additional comments. Reference: NDSSM TBD Comments:</p>	<p style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a </p>
<p>E2 Are the operating procedures for the compressor and/or fill system(s) posted? Reference: NDSSM TBD Comments:</p>	<p style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a </p>
<p>E3 Is the operational and maintenance history of the compressor and breathing gas system documented in a Compressor Logbook? Reference: NDSSM TBD Comments:</p>	<p style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a </p>
<p>E4 Is the compressor manufacturer's maintenance and repair manual available for reference and are these guidelines followed at the Diving Unit? Reference: NDSSM TBD Comments:</p>	<p style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a </p>
<p>E5 Is the compressor room clean, free of flammable materials and sufficiently ventilated to prevent overheating? Reference: NDSSM TBD Comments:</p>	<p style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a </p>
<p>E6 Is hearing protection available to be used by the compressor and filling station operator? Reference: NDSSM TBD Comments:</p>	<p style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a </p>
<p>E7 Is each line and valve in the compressor and cylinder filling system labeled or depicted in a system schematic according to its function? Reference: NDSSM TBD Comments:</p>	<p style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a </p>
<p>E8 Has a breathing gas sample from the system been analyzed in the past six (6) months with results on file at the Diving Unit? Reference: NDSSM TBD Comments:</p>	<p style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a </p>

DIVING UNIT INSPECTION CHECKLIST

SECTION E: BREATHING GAS COMPRESSORS and SYSTEM COMPONENTS (continued)

<p>E9 Have compressor oil and filter(s) been changed in the last 12 months or in accordance with the manufacturer's specifications, using the manufacturer's recommended oil and filters and documented in the Compressor Logbook? Reference: NDSSM TBD Comments:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a</p>
<p>E10 Are compressor filter canisters inspected for corrosion and pitting before inserting new filter cartridges? Reference: NDSSM TBD Comments:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a</p>
<p>E11 Is the compressor intake clearly labeled and located in an area free of direct contaminants to the air supply? Reference: NDSSM TBD Comments:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a</p>
<p>E12 Has the compressor final stage relief valve been calibrated by a certifying authority within the last three (3) years? Reference: NAVSEA 00C3-PI-005, NAVSEA 00C4-PI-004 Comments:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a</p>
<p>E13 Are the compressor cooling fans and belts in good condition? Reference: NDSSM TBD Comments:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a</p>
<p>E14 Are the compressor inter-stage and crankcase cooling fins clean and in good condition? Reference: NDSSM TBD Comments:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a</p>
<p>E15 For RIX Industries compressors only: Are compressor rod end bearings and thrust bearings greased and in good condition? Reference: NDSSM TBD Comments:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a</p>
<p>E16 Is a gauge which can directly measure the compressor discharge, storage bank, and charging whip pressures calibrated by a certifying agency and within the calibration service date? Reference: NDSSM TBD Comments:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a</p>

DIVING UNIT INSPECTION CHECKLIST

SECTION E: BREATHING GAS COMPRESSORS and SYSTEM COMPONENTS (continued)

<p>E17 Are all valve fittings and gauges rated for the working pressure of the system in which they are installed? Reference: NDSSM TBD Comments:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a</p>
<p>E18 Are all high pressure (HP) and low pressure (LP) gas lines secured with attachment points no more than 36 inches apart? Reference: NDSSM TBD Comments:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a</p>
<p>E19 Has the SCUBA charging whip been visually inspected for damage or deterioration in the last 12 months? Reference: NDSSM TBD Comments:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a</p>
<p>E20 Is the charging whip properly secured to prevent injury to personnel during cylinder filling operations? Reference: NDSSM TBD Comments:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a</p>
<p>E21 Are charging whips, compressor intake hoses, and ports capped when not in use? Reference: NDSSM TBD Comments:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a</p>
<p>E22 Have all HP DOT cylinders assembled in a bank or cascade system been hydrostatically tested within the last five (5) years, including those with a star (*) stamped in the codes? Reference: NDSSM TBD Comments:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a</p>
<p>E23 Are fire hazard and compressed gas warning signs posted in the vicinity of stored oxygen and compressed gases? Reference: NDSSM TBD Comments:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a</p>

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The following section pertains to low pressure (LP) volume tanks (part of a LP breathing gas system) and high pressure (HP) compressed gas storage flasks (part of a HP breathing gas system) other than SCUBA cylinders or standard 'K' cylinders covered in the requirements listed above. If your system does not contain LP volume tanks or non-standard HP storage flasks, your inspection is complete. Please proceed to Section H and enter any additional comments.

<p>E24 Are LP volume tanks / HP compressed gas storage flasks equipped with an inlet side check valve (exception for shared inlet/outlets)? Reference: NDSSM TBD Comments:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
<p>E25 Is each LP volume tank / HP compressed gas storage flask equipped with a pressure gauge unless assembled in a bank that requires one pressure gauge on the final flask? Reference: NDSSM TBD Comments:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
<p>E26 Are all LP volume tanks / HP compressed gas storage flasks equipped with a condensate drain valve located at the lowest point? Reference: NDSSM TBD Comments:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
<p>E27 Are all LP volume tanks / HP compressed gas storage flasks equipped with slow opening valves when used with design pressures exceeding 500 psi? Reference: NDSSM TBD Comments:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
<p>E28 Are all LP volume tanks / HP compressed gas storage flasks used in systems containing greater than 40% oxygen cleaned for oxygen service and do they have slow opening valves? Reference: NDSSM TBD Comments:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
<p>E29 Are all LP volume tanks / HP compressed gas storage flasks labeled appropriately? Reference: NDSSM TBD Comments:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
<p>E30 Have all LP volume tanks / HP compressed gas storage flasks been either hydrostatically or non-destructively tested within accepted standards, with test date(s) marked on the tanks / flasks and recorded in the maintenance log, or if not, are they tagged out and removed from service? Reference: NDSSM TBD Comments:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a

DIVING UNIT INSPECTION CHECKLIST

SECTION E: BREATHING GAS COMPRESSORS and SYSTEM COMPONENTS (continued)

<p>E31 Are LP volume tanks / HP compressed gas storage flasks visually examined externally and internally for damage or corrosion annually by a certified inspector? Reference: NDSSM TBD Comments:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a</p>
<p>E32 Do all LP volume tanks / HP compressed gas storage flasks have a serial number or other unique identifier which allows referencing of test results in the maintenance log? Reference: NDSSM TBD Comments:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a</p>
<p>E33 Are all LP volume tanks / HP compressed gas storage flasks equipped with an overpressure relief device and an isolating valve on the pressure side of the relief valve? Reference: NDSSM TBD Comments:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a</p>
<p>E34 If rack mounted into banks of LP volume tanks / HP compressed gas storage flasks, have valves and regulators been protected from damage caused by impact from falling objects? Reference: NDSSM TBD Comments:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a</p>
<p>E35 Are all LP volume tanks / HP compressed gas storage flasks stored in a well-ventilated area, protected from overheating, and secured from falling? Reference: NDSSM TBD Comments:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a</p>

DIVING UNIT INSPECTION CHECKLIST

SECTION F: DIVE BRIEFING (only used during triennial DUSA)

F1	Have all appropriate pre-dive forms been completed? Reference: NDSSM TBD Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
F2	Have the appropriate water entry/exit methods and locations been discussed and are they adequate? Reference: NDSSM TBD Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
F3	Do topside support personnel use a dive log to document (at a minimum) the divers' names, date, time in, time out, pressure in, pressure out, depth and breathing gas? Reference: NDSSM TBD Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
F4	Is a set of dive tables, appropriate for the gas mixture being used, at the dive location? Reference: NDSSM TBD Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
F5	If divers are required to carry a reserve breathing gas supply, does it have sufficient pressure and volume to reach the surface at a safe ascent rate from the maximum planned depth? Reference: NDSSM TBD Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
F6	Has each diver verified they have sufficient gas in their cylinder to complete the assigned task(s) and arrive at the exit point of the dive with at least 500 psi? Reference: NDSSM TBD Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
F7	Is appropriate topside support available at the dive location? Reference: NDSSM TBD Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
F8	If needed, are standby divers available? Reference: NDSSM TBD Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a

DIVING UNIT INSPECTION CHECKLIST

SECTION F: DIVE BRIEFING (only used during triennial DUSA - continued)

<p>F9 Do divers understand the situations under which they should terminate their dive (i.e., low cylinder pressure, lost buddy, failure of any life support equipment, conditions become unsafe, use of any alternate air source, other than during a drill)? Reference: NDSSM TBD Comments:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
<p>F10 Are pre- and post-dive briefings performed, including assessments of divers' physical condition? Reference: NDSSM TBD Comments:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
<p>F11 Did each diver inspect and test their equipment prior to the dive in the presence of their dive buddy or tender? Reference: NDSSM TBD Comments:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
<p>F12 Did the Divemaster or Lead Diver conduct a final safety check of each diver's gear before allowing divers into the water? Reference: NDSSM TBD Comments:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a

SECTION G: DIVE RESCUE (only used during triennial DUSA)

<p>G1 Did the Divemaster or Lead Diver brief divers on the Diving Emergency Action Plan (DEAP) and is the location of the DEAP known to all personnel responsible for the diving and any emergency response? Reference: NDSSM TBD Comments:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
<p>G2 Are the first aid kit, oxygen kit, AED, diver recall, and backboard on site and readily accessible? Reference: NDSSM TBD Comments:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
<p>G3 Does the diver or rescuer signal for help upon surfacing? Reference: NDSSM TBD Comments:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a

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DIVING UNIT INSPECTION CHECKLIST

SECTION G: DIVE RESCUE (only used during triennial DUSA - continued)

G4 Does the Divemaster or Lead Diver adequately address the problem of an unconscious diver on the bottom? Reference: NDSSM TBD Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
G5 If needed, were standby divers launched? Reference: NDSSM TBD Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
G6 Was the victim located and brought to the surface in a safe but expeditious manner? Reference: NDSSM TBD Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
G7 Once on the surface, did the rescuer report the victim's condition, establish buoyancy, and if needed, provide rescue breaths? Reference: NDSSM TBD Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
G8 Was EMS called? Reference: NDSSM TBD Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
G9 Was an appropriate extraction performed? Reference: NDSSM TBD Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
G10 Once on the platform, was appropriate care given to the victim? Reference: NDSSM TBD Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
G11 Were all divers accounted for before departing the dive site? Reference: NDSSM TBD Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a

DIVING UNIT INSPECTION CHECKLIST

SECTION H: INSPECTION COMMENTS and RECOMMENDATIONS