INDIANA UNIVERSITY

OFFICE OF THE EXECUTIVE VICE PRESIDENT
FOR UNIVERSITY ACADEMIC AFFAIRS

University Environmental Health and Safety

Indiana University Scuba Diving Log

Diver Name (First, Last**):**

Certification Level / Title:

#	Date (MM/DD/YY)	Dive Site & Location	Time Entered the Water	Maximum Depth (Ft.)	Total Bottom Time (Minutes)	Visibility (Ft.)	Water Temperature (°F)	Surface/Dive Conditions	Activity	Nature of Work Performed	Comments
ex.:	*9/17/2015*	*La Caleta, Dominican Republic*	*12:35 PM*	*10*	*50*	*21*	*80*	*1' seas; surge*	*Scientific*	*Dredging*	*Safety stop; EANx32*