

## Scuba Diving Class - Information Sheet

Registration is now being taken for the next scuba diving class. Prerequisites for the class are: a minimum age of 10, be a reasonably mature individual and possess reasonably proficient swimming skills. Scuba diving has long been an intriguing activity for many people. Exploring the undersea environment it is like being an astronaut, hovering in a weightless state, interacting with a whole different world which most of the earth's population has never seen first hand. When you achieve your P.A.D.I. Open Water scuba diving certification it is a credential which is valid for a lifetime. It certifies you to dive anywhere in the world. I would personally like to invite you to enroll in my next scuba diving class. To become part of a special group of people involved in this unique activity which can be shared with family and friends through out the rest of your life. You may register for classes at Divers Training & Supply , Inc. at the SportMart or by mail.

Costs for equipment and diving are similar to the sport of snow skiing. The more equipment you personally own, the more comfortable you are participating in the sport and the more you will dive. Many people begin diving with the required basics and then build their complete diving system from there. The required basics include a professional quality mask, snorkel, fins, booties, etc. referred to in the industry as "rubber goods". As your instructor, I will personally ensure proper fit and color choices when you enroll in the class. We prefer to fit your "rubber goods" before the first night of class. After you begin your instruction, my staff and I can personally guide you in making additional equipment recommendations should you decide to purchase a complete diving system of B.C.D., regulator, instrument console, tank, weight system, wet suit, etc. There is no question that people who own their own diving gear dive more and feel safer and more comfortable in the water. If a student purchases their own set of scuba gear (BCD, complete regulator, weight belt and gear bag) along with their rubber goods, during the class, the C.W. class instruction will be free. Of course scuba gear, like snow skiing equipment, can be rented through out the world provided you first own your own rubber goods. As your Instructor I own and operate a full service dive shop called Divers Training and Supply, Inc. The shop is located in the SportMart Building in Charleston near the Patrick street bridge. I will be happy to assist you with your every need from personal instruction and equipment sales & service to air fills and annual trips to unbelievable diving locations throughout the world. Of course payment plans and gift certificates are available to assist you with your special occasion gift giving.

Again I would like to extend to you a personal invitation to join my next scuba diving class making a dream a reality !!!

Sincerely,  
Peter R. Corbett, Instructor (P.A.D.I. Master Scuba Diver Trainer)

### Projected Fees

**Confined Water Training Fees: \$750.00** Including: Academic Instruction, Pool Instruction, and scuba gear for C.W. training, Dive materials (text book, under water table, log book, file folder, etc.), Rubber Goods including mask, fins, mask box, snorkel, keeper, booties, and gear bag.

**Open Water Check Out Weekend: \$450.00**

\*\* Confined Water Class fees do not include your Open Water Check Out Weekend and Fees for the trip. \*\*  
Normally check out dives are done in a quarry in N.C. or Ohio over a weekend and the cost is \$450.00 including: Lodging, Instruction, supervision, Scuba gear and air, exposure protection, entrance fees, lunch, and PADI Certification Card.

Class Day, Date, Time, & Place: Day: Saturday  
Date: T.B.A. \_\_\_\_\_  
Time: 5:00 pm (Sat.)  
Saturday Class - Approx: 6 weeks Place: The University of Chas. Pool

If you are interested in participating in this next class please fill out the enrollment sheet portion of this paper, and return it with your \$750.00 Confined Water Instruction fee payable to: Divers Training & Supply, Inc. P.O. Box 11592, Charleston, WV. 25339. Please contact me with any questions. Phone 545-2125, E-mail: DiverPRC@gmail.com. The class roster will be filled on a first come first serve basis. Space is limited so sign up today. The Saturday class is approx. 4.5 hours per night.

# Scuba Class Enrollment Sheet

Name: \_\_\_\_\_ Sex: M F Age: \_\_\_\_\_ Birth date: \_\_\_\_\_

Address : \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W): \_\_\_\_\_ Cell #: \_\_\_\_\_ Pager #: \_\_\_\_\_

Physical Restrictions or Problems: \_\_\_\_\_ E-mail: \_\_\_\_\_

In Case of Emergency Contact: \_\_\_\_\_ Phone #: (H) \_\_\_\_\_ (W): \_\_\_\_\_

Insurance Co: \_\_\_\_\_ Policy #: \_\_\_\_\_

\*\*\*\*\*  
 Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Dress shirt size: \_\_\_\_\_ Shoe Size: \_\_\_\_\_

Bootie Size:(generally run one size larger than shoe size & no 1/2 sizes available) mens: \_\_\_\_\_ womens: \_\_\_\_\_

Mask Style: \_\_\_\_\_ Type:  Regular  Anti Fog

Mask color preference:  Blue  Clear  Green  Pink  Purple  Yellow  Black Silicone  Cobalt

Snorkel: Type: \_\_\_\_\_ Color: \_\_\_\_\_

Fin Type: \_\_\_\_\_/\_\_\_\_\_ Fin Color preference:  Black  Blue  Pink  Yellow  Green  Purple  
 Clear (All colors not available in all styles of Equipment)

**Dacor:**  Pursuit  Ultra Lite  Tiger  Turbo Flex **Seadive:**  Searay **Deep See:**  Reflex  
 Integra  Sea Ranger  Compro

**Apollo:**  Split Fin  Other: \_\_\_\_\_  Other: \_\_\_\_\_

Fin Size:  Small  Medium  Large  X-Large  Sm / Med  Med / Lrg  Lrg / XLrg

Mesh Bag:  Black  Blue  Green  Yellow  Pink

C.W. Class payment (\$750.00) inc. tax: \$ \_\_\_\_\_  
Amount Check # Date

Open Water Payment (\$450.00) \$ \_\_\_\_\_  
Amount Check # Date

Class Preference:  Saturday Evening Class 5:00 - 10:00 p.m. (6 week class)

Other: \_\_\_\_\_

For your convenience, the academic work for the Confined Water Training can generally be completed over Skype if you wish.

	Bootie	Mask	Snorkel	Fins	Bag	Tape #	Book Pac
Picked up							
Delivered							

# PADI Open Water Diver Course Record and Referral Form

Student Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Day/Month/Year \_\_\_\_\_

Mailing address \_\_\_\_\_ Sex  M  F

City \_\_\_\_\_ State/Province \_\_\_\_\_

Country \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Phone Home (\_\_\_\_) \_\_\_\_\_ Business (\_\_\_\_) \_\_\_\_\_

Fax (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

All PADI Instructors who initial this document must complete an identification section below.

PADI Instructor Peter R. Corbett Signature \_\_\_\_\_

PADI No. MSDT-66448 Dive Center/Resort No. Divers Training & Supply, Inc. Date \_\_\_\_\_ Day/Month/Year \_\_\_\_\_

Phone No. (304) 545-2125 Fax No. (304) 744-7891

Email Address DiverPRC@gmail.com

PADI Instructor \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_ Day/Month/Year \_\_\_\_\_

PADI No. \_\_\_\_\_ Dive Center/Resort No. \_\_\_\_\_ Date \_\_\_\_\_ Day/Month/Year \_\_\_\_\_

Phone No. (\_\_\_\_) \_\_\_\_\_ Fax No. (\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

Note: Attach additional sheet for other PADI Instructor information if necessary.

When referring a PADI Scuba Diver/Open Water Diver student:  
 a. Fill in the diver and PADI Instructor information and note appropriate areas of training completed.  
 b. Attach a copy of the diver's PADI Medical Statement to this form.  
 c. Advise the diver of the need for a photo for certification card processing.  
 d. Encourage the diver to complete training as soon as possible and explain that this form is only valid for one year from the last training module completion date.

**A. Confined Water Dives**

Date Completed Day/Month/Year	Instructor ** Initials	PADI #
CW 1 * _____	PRC # 66448	PRC # 66448
CW 2 _____	PRC # 66448	PRC # 66448
CW 3 _____	PRC # 66448	PRC # 66448
CW 4 _____	PRC # 66448	PRC # 66448
CW 5 _____	PRC # 66448	PRC # 66448

\* DSD with all CW Dive 1 skills = Open Water Diver CW Dive 1

(Note: If all Confined Water Dives and Watermanship Assessment have been completed by one instructor, only one signature required.)

All Confined Water Dives listed above and the Watermanship Assessment have been completed.

Instructor Signature \_\_\_\_\_ PADI # 66448 Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\*\* I certify that this student has satisfactorily completed this skill/module/dive as outlined in the PADI Instructor Manual. I am a PADI Instructor renewed in Teaching status for the current year.

# B. Knowledge Development

Course option:  RDP Table  eRDPmL  Computer only

Date Completed Day/Month/Year	Completed KR	Passed Quiz/Exam Yes	Viewed Open Water Video <input type="checkbox"/>	Instructor** Initials	PADI #
Mod 1 _____	<input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="checkbox"/>	PRC # 66448	PRC # 66448
Mod 2 _____	<input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="checkbox"/>	PRC # 66448	PRC # 66448
Mod 3 _____	<input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="checkbox"/>	PRC # 66448	PRC # 66448
Mod 4 _____	<input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="checkbox"/>	PRC # 66448	PRC # 66448
Mod 5 _____	<input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="checkbox"/>	PRC # 66448	PRC # 66448

OR e-Learning Quick Review \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ # \_\_\_\_\_

(Note: If all above Knowledge Development sessions have been completed by one instructor, only one signature required) All Knowledge Development sessions listed above have been completed, Quizzes/Exams passed.

Instructor Signature \_\_\_\_\_ # 66448 Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

# C. Open Water Dives

Date Completed Day/Month/Year	Instructor ** Initials	PADI #	Date Completed Day/Month/Year	Instructor ** Initials	PADI #
Dive 1 _____	PRC # 66448	PRC # 66448	Dive 3 _____	PRC # 66448	PRC # 66448
Dive 2 _____	PRC # 66448	PRC # 66448	Dive 4 _____	PRC # 66448	PRC # 66448

# Dive Flexible Skills

These skills may be completed during any Open Water Training Dive.

Completed on	Instructor** Initials	PADI#
1. Cramp Removal	PRC # 66448	PRC # 66448
2. Tired Diver Tow	PRC # 66448	PRC # 66448
3. Surface Swim with Compass	PRC # 66448	PRC # 66448
4. Snorkel/Regulator Exchange	PRC # 66448	PRC # 66448
5. Safety Stop	PRC # 66448	PRC # 66448
6. Remove/Replace Scuba (surface)	PRC # 66448	PRC # 66448
7. Remove/Replace Weights (surface)	PRC # 66448	PRC # 66448
8. CESA (Dive 2, 3 or 4)	PRC # 66448	PRC # 66448
9. UW Compass Navigation (Dive 2, 3 or 4)	PRC # 66448	PRC # 66448

(Note: If all above Dive Flexible Skills have been completed by one instructor, only one signature is required)

All Dive Flexible Skills listed above have been completed.

Instructor Signature \_\_\_\_\_ # 66448 Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Student Statement: I understand the training requirements for this course and have successfully completed all certification requirements. I am adequately prepared to dive in areas and under conditions similar to those in which I was trained. I realize that additional training is recommended for participation in specialty diving activities, in other geographical areas, and after periods of inactivity that exceed six months. I agree to abide by PADI's Standard Safe Diving Practices.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

All requirements for certification as a **PADI Scuba Diver** have been met (completion of Knowledge Development sessions 1, 2, 3 Confined Water Dives 1, 2, 3 Open Water Dives 1, 2).

Instructor Signature \_\_\_\_\_ # \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

All requirements for certification as a **PADI Open Water Diver** have been met.

Instructor Signature \_\_\_\_\_ # 66448 Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_



# PADI

# LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT

**Please read carefully and fill in all blanks before signing.**

I, \_\_\_\_\_, hereby affirm that I am aware that skin and scuba diving have inherent risks which  
Participant Name  
may result in serious injury or death.

I understand that diving with compressed air involves certain inherent risks; including but not limited to decompression sickness, embolism or other hyperbaric/air expansion injury that require treatment in a recompression chamber. I further understand that the open water diving trips which are necessary for training and for certification may be conducted at a site that is remote, either by time or distance or both, from such a recompression chamber. I still choose to proceed with such instructional dives in spite of the possible absence of a recompression chamber in proximity to the dive site.

I understand and agree that neither my instructor(s), \_\_\_\_\_, the facility through which  
Facility Name  
I receive my instruction, \_\_\_\_\_, nor PADI Americas, Inc., nor its affiliate and sub-

sidary corporations, nor any of their respective employees, officers, agents, contractors or assigns (hereinafter referred to as "Released Parties") may be held liable or responsible in any way for any injury, death or other damages to me, my family, estate, heirs or assigns that may occur as a result of my participation in this diving program or as a result of the negligence of any party, including the Released Parties, whether passive or active.

In consideration of being allowed to participate in this course (and optional Adventure Dive), hereinafter referred to as "program," I hereby personally assume all risks of this program, whether foreseen or unforeseen, that may befall me while I am a participant in this program including, but not limited to, the academics, confined water and/or open water activities.

I further release, exempt and hold harmless said program and Released Parties from any claim or lawsuit by me, my family, estate, heirs or assigns, arising out of my enrollment and participation in this program including both claims arising during the program or after I receive my certification.

I also understand that skin diving and scuba diving are physically strenuous activities and that I will be exerting myself during this program, and that if I am injured as a result of heart attack, panic, hyperventilation, drowning or any other cause, that I expressly assume the risk of said injuries and that I will not hold the Released Parties responsible for the same.

I further state that I am of lawful age and legally competent to sign this liability release, or that I have acquired the written consent of my parent or guardian. I understand the terms herein are contractual and not a mere recital, and that I have signed this Agreement of my own free act and with the knowledge that I hereby agree to waive my legal rights. I further agree that if any provision of this Agreement is found to be unenforceable or invalid, that provision shall be severed from this Agreement. The remainder of this Agreement will then be construed as though the un-enforceable provision had never been contained herein.

I understand and agree that I am not only giving up my right to sue the Released Parties but also any rights my heirs, assigns, or beneficiaries may have to sue the Released Parties resulting from my death. I further represent I have the authority to do so and that my heirs, assigns, or beneficiaries will be estopped from claiming otherwise because of my representations to the Released Parties.

I, \_\_\_\_\_, BY THIS INSTRUMENT AGREE TO EXEMPT AND RELEASE MY INSTRUCTORS,  
Participant Name  
\_\_\_\_\_, THE FACILITY THROUGH WHICH I RECEIVE MY INSTRUCTION,  
\_\_\_\_\_, AND PADI AMERICAS, INC. AND ALL RELATED ENTITIES AS  
Facility Name

DEFINED ABOVE, FROM ALL LIABILITY OR RESPONSIBILITY WHATSOEVER FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH HOWEVER CAUSED, INCLUDING BUT NOT LIMITED TO THE NEGLIGENCE OF THE RELEASED PARTIES, WHETHER PASSIVE OR ACTIVE.

I HAVE FULLY INFORMED MYSELF AND MY HEIRS OF THE CONTENTS OF THIS LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT BY READING IT BEFORE I SIGNED IT ON BEHALF OF MYSELF AND MY HEIRS.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date (Day/Month/Year)

\_\_\_\_\_  
Signature of Parent of Guardian (where applicable)

\_\_\_\_\_  
Date (Day/Month/Year)





## MEDICAL STATEMENT

### Participant Record (Confidential Information)

Please read carefully before signing.

This is a statement in which you are informed of some potential risks involved in scuba diving and of the conduct required of you during the scuba training program. Your signature on this statement is required for you to participate in the scuba training program offered by: Divers Training & Supply, Sport Mart, The University of Charleston, and Instructor: Peter R. Corbett & Those working with him located in the Facility city of Charleston state/province of West Virginia.

Read this statement prior to signing it. You must complete this Medical Statement, which includes the medical questionnaire section, to enroll in the scuba training program. If you are a minor, you must have this Statement signed by a parent or guardian.

Diving is an exciting and demanding activity. When performed correctly, applying correct techniques, it is relatively safe.

To scuba dive safely, you should not be extremely overweight or out of condition. Diving can be strenuous under certain conditions. Your respiratory and circulatory systems must be in good health. All body air spaces must be normal and healthy. A person with coronary disease, a current cold or congestion, epilepsy, a severe medical problem or who is under the influence of alcohol or drugs should not dive. If you have asthma, heart disease, other chronic medical conditions or you are taking medications on a regular basis, you should consult your doctor and the instructor before participating in this program, and on a regular basis thereafter upon completion. You will also learn from the instructor the important safety rules regarding breathing and equalization while scuba diving. Improper use of scuba equipment can result in serious injury. You must be thoroughly instructed in its use under direct supervision of a qualified instructor to use it safely.

### Divers Medical Questionnaire

#### To the Participant:

The purpose of this Medical Questionnaire is to find out if you should be examined by your doctor before participating in recreational diver training. A positive response to a question does not necessarily disqualify you from diving. A positive response means that there is a preexisting condition that may affect your safety while diving and you must seek the advice of your physician prior to engaging in dive activities.

- Could you be pregnant, or are you attempting to become pregnant?
- Are you presently taking prescription medications? (with the Exception of birth control or anti-malarial)
- Are you over 45 years of age and can answer YES to one or more of the following?
  - currently smoke a pipe, cigars or cigarettes
  - have a high cholesterol level
  - have a family history of heart attack or stroke
  - are currently receiving medical care
  - high blood pressure
  - diabetes mellitus, even if controlled by diet alone established safety procedures are not followed, however, there are increased risks.

Have you ever had or do you currently have...

- Asthma, or wheezing with breathing, or wheezing with exercise?
- Frequent or severe attacks of hay fever or allergy?
- Frequent colds, sinusitis or bronchitis?
- Any form of lung disease?
- Pneumothorax (collapsed lung)?
- Other chest disease or chest surgery?
- Behavioral health, mental or psychological problems (Panic attack, fear of closed or open spaces)?
- Epilepsy, seizures, convulsions or take medications to prevent them?
- Recurring complicated migraine headaches or take medications to prevent them?
- Blackouts or fainting (full/partial loss of consciousness)?
- Frequent or severe suffering from motion sickness (seasick, carsick, etc.)?

- Dysentery or dehydration requiring medical intervention
- Any dive accidents or decompression sickness?
- Inability to perform moderate exercise (example: walk 1.6 km/one mile within 12 mins.)?
- Head injury with loss of consciousness in the past five years?
- Recurrent back problems?
- Back or spinal surgery?
- Diabetes?
- Back, arm or leg problems following surgery, injury or fracture?
- High blood pressure or take medicine to control blood pressure?
- Heart disease? Heart attack?
- Angina, heart surgery or blood vessel surgery?
- Sinus surgery?
- Ear disease or surgery, hearing loss or problems with balance?
- Recurrent ear problems?
- Bleeding or other blood disorders?
- Hernia?
- Ulcers or ulcer surgery ?
- A colostomy or ileostomy?
- Recreational drug use or treatment for alcoholism in the past five years?

**The information I have provided about my medical history is accurate to the best of my knowledge. I agree and accept responsibility for omissions regarding my failure to disclose any existing or past health condition.**

Signature

Date

Signature of Parent or Guardian

Date

# MODULAR SCUBA COURSE QUIZZES AND EXAMS ANSWER SHEET

**Directions:** Upon making your answer choice, COMPLETELY fill in the space  below the proper letter. If a mistake is made, erase your selection or place a dark X through your first answer. Please date each quiz.

## QUIZ - ONE A B

Date: \_\_\_\_\_

- |     |                          |                          |                          |                          |
|-----|--------------------------|--------------------------|--------------------------|--------------------------|
|     | <b>A</b>                 | <b>B</b>                 | <b>C</b>                 | <b>D</b>                 |
| 1.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Score \_\_\_\_\_

STUDENT STATEMENT: I have had explained to me and I understand the questions I have missed.

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

## QUIZ - TWO A B

Date: \_\_\_\_\_

- |     |                          |                          |                          |                          |
|-----|--------------------------|--------------------------|--------------------------|--------------------------|
|     | <b>A</b>                 | <b>B</b>                 | <b>C</b>                 | <b>D</b>                 |
| 1.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Score \_\_\_\_\_

STUDENT STATEMENT: I have had explained to me and I understand the questions I have missed.

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

## QUIZ - THREE A B

Date: \_\_\_\_\_

- |     |                          |                          |                          |                          |                          |
|-----|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|     | <b>A</b>                 | <b>B</b>                 | <b>C</b>                 | <b>D</b>                 | <b>E</b>                 |
| 1.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Score \_\_\_\_\_

STUDENT STATEMENT: I have had explained to me and I understand the questions I have missed.

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

## QUIZ - FOUR A B

Date: \_\_\_\_\_

- |     |                          |                          |                          |                          |
|-----|--------------------------|--------------------------|--------------------------|--------------------------|
|     | <b>A</b>                 | <b>B</b>                 | <b>C</b>                 | <b>D</b>                 |
| 1.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Score \_\_\_\_\_

STUDENT STATEMENT: I have had explained to me and I understand the questions I have missed.

Student Signature \_\_\_\_\_

Date \_\_\_\_\_



# MODULAR SCUBA COURSE FINAL EXAM ANSWER SHEET

**Directions:** Upon making your answer choice, COMPLETELY fill in the space  below the proper letter. If a mistake is made, erase your selection or place a dark X through your first answer.

Check One: Exam  A  B

	A	B	C	D		A	B	C	D	E		A	B	C	D
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20.	_____					40.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21.	_____					41.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22.	_____					42.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23.	_____					43.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24.	_____					44.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25.	_____					45.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26.	_____					46.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27.	_____					47.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		48.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		49.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		50.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	a	b	c	d	31.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
	e	f	g		32.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
13.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
14.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	34.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
15.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	35.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
16.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	36.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
17.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	37.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
18.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	38.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
19.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	39.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						

Total Correct: \_\_\_\_\_

STUDENT STATEMENT: I have had explained to me and I understand the questions I have missed.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

# Scuba Diving Skills - Open Water Certification

## Module One

- |  |   |
|--|---|
| <input type="checkbox"/> 1. Equipment assembly Disassembly | <input type="checkbox"/> 5. Neutral buoyancy at the surface     |
| a. drain BCD   |   |
| b. dust cover on regulator                                 | <input type="checkbox"/> 6. Equalization of ears and air spaces |
| <input type="checkbox"/> 2. BCD Inflation / Deflation      |   |
| a. oral  | <input type="checkbox"/> 7. Five point descent and ascent       |
| b. power   |   |
| <input type="checkbox"/> 3. Regulator Clearing             | <input type="checkbox"/> 8. Mask clearing                       |
| a. exhalation  | a. partial flood  |
| b. purge   | b. full flood   |
| <input type="checkbox"/> 4. Regulator Recovery             | <input type="checkbox"/> 9. Mask removal & replacement          |
| a. sweep   |   |
| b. reach   |   |

## Module Two

- |   |  |
|---|--|
| <input type="checkbox"/> 1. Pre-Dive safety drill | <input type="checkbox"/> 4. Cramp removal self & buddy     |
| a. BWRAF  | <input type="checkbox"/> 5. Tired diver tow                |
| <input type="checkbox"/> 2. Deep water entries    | a. tank tow  |
| a. giant stride                                   | b. modified tired swimmer                                  |
| b. controlled seated                              | <input type="checkbox"/> 6. No mask breathing and swimming |
| c. backward roll                                  | <input type="checkbox"/> 7. Deep water exit                |
| <input type="checkbox"/> 3. Snorkel / Regulator   | a. hold weight belt folded or non buckle end               |
| exchange and clear                                | b. remove gear and hold on to BCD                          |

## Module Three

- |  |  |
|--|--|
| <input type="checkbox"/> 1. Fin pivots (hold inflator in hand) | <input type="checkbox"/> 3. Alternate air source use             |
| a. power inflator  | a. stationary  |
| b. oral inflation  | b. swimming  |
| <input type="checkbox"/> 2. Free flow regulator                | <input type="checkbox"/> 4. Controlled Emergency Swimming Ascent |
|  | a. horizontally  |

## Module Four

- |   |   |
|---|---|
| <input type="checkbox"/> 1. Surface dives       | <input type="checkbox"/> 3. Buddy Breathing |
| <input type="checkbox"/> 2. Hovering motionless |   |

## Module Five

- |   |
|---|
| <input type="checkbox"/> 1. Weight belt and gear removal & replacement                          |
| a. surface  |
| b. underwater   |
| <input type="checkbox"/> 2. Compass swimming and running reciprocal heading (count kick cycles) |
| a. surface  |
| b. underwater   |
| <input type="checkbox"/> 3. Know how to use your R.D.P. Tables frontwards and backwards         |

Open Water Certification Places and Dates: \_\_\_\_\_

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## Scuba Diving Pool Skills

Assembly of Gear and Disassembly of gear (blow off dust cover, remove water from BCD, repack reg bag inside BCD)

Water Entries: Giant stride, Controlled Seated, Backward Roll. Negative entry

Check Neutral Buoyancy (Float @ eye level with no air in BCD)

5 Point ascent (signal, time, orientation, Regulator in mouth, Deflate BCD) TOTAL CONTROL & SLOW

5 Point ascent (signal, time, orientation, look up & reach up & **swim up** , Deflate BCD) TOTAL CONTROL & SLOW

Ascent rate **SLOW** (no faster than 60 feet per min) 30 feet per min is best

Neutral Buoyancy when swimming **WITHOUT HANDS USING BREATHING TO FINE TUNE**

Always blow tiny bubbles any time the regulator is out of your mouth.

Always grasp the regulator by the hose, not the mouthpiece, turn regulator down so it doesn't free flow

Hovering motionless in mid water

Hover motionless using the depth gauge and stopping at different depths while looking at the gauge

Ascend and descend stopping direction and hovering motionless (feet first, horizontal, and swimming down head first)

Fin Pivots using power inflator to add air into BCD (control up and down with just breathing, hold inflator in hand)

Fin Pivots using oral inflator to add air into BCD (control up and down with just breathing, hold inflator in hand)

Clearing of mask (half flood, full flood)

Mask removal and replacement

No mask swimming

CESA vertical swim while making the ahhh sound swimming at normal ascent rate of no faster than 60 feet per min.

Octopus securing stationary & Octopus securing and making an ascent (Orally inflate BCD when come to the surface)

Octopus securing and swimming around the pool

Inflation of BCD (Power inflator and Oral Inflator)

Deflation of BCD (Inflator hose up, cable dump, rear dump swimming down)

Regulator clearing (exhalation and purge button)

Regulator recovery (sweep method and reach method)

Clearing of the ears easily and comfortably on descents and ascents

Disconnecting and reconnecting of the BCD Inflator underwater

Free flowing regulator underwater

Tired diver Tows (tank valve, modified tired swimmer, leg push)

Cramp removal (on yourself and your buddy)

Snorkel regulator exchanges on the surface with scuba gear

Weight belt removal and replacement in deep water (on the surface and underwater)

Gear Removal and replacement on the surface (on the surface lay across must hold tank boot and straddle ride)

Gear Removal and replacement underwater (must hold tank boot and grip mouthpiece tight)

Air depletion underwater (only under instructor supervision)

Compass work on the surface

Compass work underwater

Buddy breathing underwater (ascent, swimming around)

Dump weight belt and ascend (control ascent as slow as possible by flaring fins and using arms to slow down)

Signals underwater

Checking how much air is in your tank and asking how much air (signal) is in your buddy's tank)

Replacing your buddies tank which has come loose from the back pack (both on the surface and underwater)

Control buoyancy underwater swimming, hovering, and ascents with the low pressure inflator disconnected

**Spontaneous** out of air emergency scenario testing reactions and responses of other classmates in the pool

Combination of multiple skills underwater

All skills in a full 6.5 ml wet suit

### Skills game playing underwater:

Swim and maintain neutral buoyancy while exchanging gear

Doff and don with gear in the deep end of the pool

## Scuba Diving Gear Record Sheet

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone (H): \_\_\_\_\_

Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Gear Set #:** \_\_\_\_\_ - \_\_\_\_\_ Color: \_\_\_\_\_ Style: \_\_\_\_\_

### **Wet Suit:**

Shorty Style: \_\_\_\_\_ mm: \_\_\_\_\_ Size : \_\_\_\_\_ #: \_\_\_\_\_ Make: \_\_\_\_\_

Full Style: \_\_\_\_\_ mm: \_\_\_\_\_ Size : \_\_\_\_\_ #: \_\_\_\_\_ Make: \_\_\_\_\_

### **Weight:**

Fresh: \_\_\_\_\_ Exposure: \_\_\_\_\_ Exposure: \_\_\_\_\_

Salt: \_\_\_\_\_ Exposure: \_\_\_\_\_ Exposure: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# RECREATIONAL DIVE PLANNER™

DIVING SCIENCE & TECHNOLOGY, CORP.

TABLE 2  
SURFACE INTERVAL CREDIT TABLE

DEPTH (feet)	35	40	50	60	70	80	90	100	110	120	130	140																			
A	10	9	7	6	5	4	4	3	3	3	3	3	▼																		
B	19	16	13	11	9	8	7	6	6	5	5	4	▲																		
C	25	22	17	14	12	10	9	8	7	6	6	5	▲																		
D	29	25	19	16	13	11	10	9	8	7	7	6	▲																		
E	32	27	21	17	15	13	11	10	9	8	▼	7	▲																		
F	36	31	24	19	16	14	12	11	10	9	8	8	▲																		
G	40	34	26	21	18	15	13	12	11	10	9	9	▲																		
H	44	37	28	23	19	17	15	13	12	11	10	10	▲																		
I	48	40	31	25	21	18	16	14	13	▼	12	11	▲																		
J	52	44	33	27	22	19	17	15	▼	12	11	10	▲																		
K	57	48	36	29	24	21	18	16	14	13	13	12	▲																		
L	62	51	39	31	26	22	19	17	15	15	15	14	▲																		
M	67	55	41	33	27	23	21	18	16	16	16	15	▲																		
N	73	60	44	35	29	25	22	19	19	19	19	18	▲																		
O	79	64	47	37	31	26	23	20	20	20	20	19	▲																		
P	85	69	50	39	33	28	24	21	21	21	21	20	▲																		
Q	92	74	53	42	35	29	25	22	25	25	25	24	▲																		
R	100	79	57	44	36	30	26	23	26	26	26	25	▲																		
S	108	85	60	47	38	30	26	23	26	26	26	25	▲																		
T	117	91	63	49	40	30	26	23	26	26	26	25	▲																		
U	127	97	67	52	40	30	26	23	26	26	26	25	▲																		
V	139	104	71	54	40	30	26	23	26	26	26	25	▲																		
W	152	111	75	55	40	30	26	23	26	26	26	25	▲																		
X	168	120	80	▲	▲	0:00	0:03	0:06	0:09	0:12	0:16	0:19	0:23	0:27	0:31	0:35	0:40	0:44	0:49	0:54	1:00	1:06	1:12	1:19	1:27	1:35	1:44	2:06	2:54		
Y	188	129	▲	▲	▲	0:00	0:03	0:06	0:09	0:12	0:16	0:19	0:23	0:26	0:30	0:34	0:38	0:42	0:47	0:52	0:57	1:03	1:09	1:15	1:22	1:30	1:38	1:47	2:08	2:57	
Z	205	140	▲	▲	▲	0:00	0:02	0:05	0:08	0:11	0:14	0:17	0:20	0:24	0:28	0:31	0:35	0:40	0:44	0:49	0:54	1:00	1:06	1:12	1:18	1:25	1:32	1:41	1:50	2:12	3:00

START ▲

DEPTH (feet)

PRESSURE GROUP ↻

40  
NO DECOMPRESSION LIMITS

SAFETY STOP REQUIRED

IMPERIAL

TABLE 1  
NO DECOMPRESSION LIMITS AND GROUP DESIGNATION TABLE



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Z ▼ Y ▼ X ▼ W ▼ V ▼ U ▼ T ▼ S ▼ R ▼ Q ▼ P ▼ O ▼ N ▼ M ▼ L ▼ K ▼ J ▼ I ▼ H ▼ G ▼ F ▼ E ▼ D ▼ C ▼ B ▼ A ▼

CONTINUE ON OTHER SIDE



PRESSURE GROUP AT END OF SURFACE INTERVAL

DEPTH (feet)	Z	Y	X	W	V	U	T	S	R	Q	P	O	N	M	L	K	J	I	H	G	F	E	D	C	B	A	
35	205	188	177	168	152	139	127	117	108	100	92	85	79	73	67	62	57	52	48	44	40	36	32	29	25	19	10
40	140	129	120	111	104	97	91	85	79	74	69	64	60	55	51	48	44	40	37	34	31	27	25	22	16	9	
50		11	20	29	36	43	49	55	61	66	71	76	80	85	89	92	96	100	103	106	109	113	115	118	124	131	
60			80	75	71	67	63	60	57	53	50	47	44	41	38	36	33	31	28	26	24	21	19	17	13	7	
70				55	54	52	49	47	44	42	39	37	35	33	31	29	27	25	23	21	19	17	16	14	11	6	
80					1	3	6	8	11	13	16	18	20	22	24	26	28	30	32	34	36	38	39	41	44	49	
90							40	38	36	34	33	31	29	27	26	24	22	21	19	18	16	15	13	12	9	5	
100								2	4	6	7	9	11	13	14	16	18	19	21	22	24	25	27	28	31	35	
110									30	29	28	26	25	23	22	21	19	18	17	15	14	13	11	10	8	4	
120										25	24	23	22	21	19	18	17	16	15	13	12	11	10	9	7	4	
130																											

TABLE 3 • REPETITIVE DIVE TIMETABLE

**Diving at Altitude** — Diving at altitude (1000ft or higher) requires the use of special procedures.

**Special Rules for Multiple Dives**  
 If you are planning 3 or more dives in a day: Beginning with the first dive, if your ending pressure group after any dive is W or X, the minimum surface interval between all subsequent dives is 1 hour. If your ending pressure group after any dive is Y or Z, the minimum surface interval between all subsequent dives is 3 hours.

**Note:** Since little is presently known about the physiological effects of multiple dives over multiple days, divers are wise to make fewer dives and limit their exposure toward the end of a multi-day dive series.

- General Rules**
- Ascend from all dives at a rate not to exceed 60ft per minute.
  - When planning a dive in cold water or under conditions that might be strenuous, plan the dive assuming the depth is 10ft deeper than actual.
  - Plan repetitive dives so each successive dive is to a shallower depth. Limit repetitive dives to 100ft or shallower.
  - Never exceed the limits of this planner and, whenever possible, avoid diving to the limits of the planner. 140ft is for emergency purposes only, do not dive to this depth.

The Recreational Dive Planner is designed specifically for planning recreational (no decompression) dives on air only. Do not attempt to use it for planning decompression dives.

**Safety Stops** — A safety stop for 3 minutes at 15ft is required any time the diver comes up to or within 3 pressure groups of a no decompression limit and for any dive to a depth of 100ft or deeper.

**Emergency Decompression** — If a no decompression limit is exceeded by no more than 5 minutes, an 8 minute decompression stop at 15ft is mandatory. Upon surfacing, the diver must remain out of the water for at least 6 hours prior to making another dive. If a no decompression limit is exceeded by more than 5 minutes, a 15ft decompression stop of no less than 15 minutes is urged (air supply permitting). Upon surfacing, the diver must remain out of the water for at least 24 hours prior to making another dive.

- Flying After Diving Recommendations**
- For Dives Within the No Decompression Limits**
- Single Dives: A minimum pre-flight surface interval of 12 hours is suggested.
  - Repetitive Dives and/or Multi-day Dives: A minimum pre-flight surface interval of 18 hours is suggested.
- For Dives Requiring Decompression Stops**
- A minimum pre-flight surface interval greater than 18 hours is suggested.

White area indicates Residual Nitrogen Time (RNT) in minutes and is to be added to Actual Bottom Time (ABT).

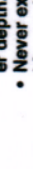
Blue area indicates adjusted no decompression limits. Actual Bottom Time (ABT) should not exceed this number.

Residual Nitrogen Time (RNT)  
 + Actual Bottom Time (ABT)  
 = Total Bottom Time (TBT)

25  
 30

**CAUTION:** This product for use only by certified divers or individuals under the supervision of a certified scuba instructor. Misuse of this product may result in serious injury or death. If you are unsure as to how to properly use this product, consult a certified scuba instructor.

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RETURN TO TABLE ONE

IMPERIAL



\*\*\*\* SCUBA DIVING PROBLEMS \*\*\*\*

Depth      Time      S.I.

1.

IOO FT.	15 min.	1:16
80	20	1:26
50	40	

2.

108	15	1:49
62	30	2:06
48	45	

3.

100	18	1:53
48	22	1:06
30	50	

4.

102	15	2:03
60	37	1:05
40	35	

5.

99	20	1:26
69	24	1:41
38	42	

Answers to problems 1 – 5

1. J + B P+ C R
2. L+ B T+ B S
3. M+ B K C O
4. L+ B T+ G P
5. O+ C R+ C O

\*\*\*\* Scuba Diving Problems # 6 – 10 \*\*\*\*

6.

115	13	2:23
78	22	2:03
65	30	

7.

89	24	1:46
59	29	1:31
35	45	

8.

103	15	2:03
70	24	2:23
60	36	

9.

120	12	1:43
60	30	:45
40	40	

10.

80	21	1:03
60	29	:51
38	42	

Answers to Problems # 6 – 10 above

- 6. K+ A O+ B T+
- 7. P+ B Q C N
- 8. L+ B P B S
- 9. J+ B Q H R
- 10. K C R H R

Additional Problems

- 1. A "D" diver wishes to dive to 60 ft. , how long can he stay (maximum)
- 2. An "H" diver wishes to dive to 70 ft. for 30 min. How long must he wait between dives ? (minimum)

Answers to Additional Problems above

- 1. 39 min
- 2. 1 hr. ( they must be a "B" diver)

**PART II: To Be Completed By Student** <sup>(26)</sup>

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Sua informação pessoal é requerida para o processo de gerenciamento de qualidade da PADI. Visite [padi.com](http://padi.com) para conhecer nossa política de privacidade.

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First Name <sup>(27)</sup>

MI <sup>(28)</sup>

Last Name <sup>(29)</sup>

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Student Mailing Address <sup>(30)</sup>

--

--

City <sup>(31)</sup>

State/Province <sup>(32)</sup>

--

Zip/Postal Code <sup>(33)</sup>

U	S	A	
---	---	---	--

Country <sup>(34)</sup>

--

Home Phone <sup>(35)</sup>

--

Email <sup>(36)</sup>

Date of Birth <sup>(37)</sup>

Day	
D	D

- |                           |                           |                           |                           |
|---------------------------|---------------------------|---------------------------|---------------------------|
| <input type="radio"/> Jan | <input type="radio"/> Apr | <input type="radio"/> Jul | <input type="radio"/> Oct |
| <input type="radio"/> Feb | <input type="radio"/> May | <input type="radio"/> Aug | <input type="radio"/> Nov |
| <input type="radio"/> Mar | <input type="radio"/> Jun | <input type="radio"/> Sep | <input type="radio"/> Dec |

Year			
Y	Y	Y	Y

**Need 48 hr. turnaround? Include \$15.00 US for Priority Processing**  
 1-800-729-7234 or 1-949-858-7234, ext. 2495

Gender <sup>(38)</sup>     Male     Female

Fold Here

Student Statement: I understand the training requirements for this course and have successfully completed all certification requirements. I am adequately prepared to dive in areas and under conditions similar to those in which I was trained. I realize that additional training is recommended for participation in specialty diving activities, in other geographical areas, and after periods of inactivity that exceed six months. I agree to abide by PADI's Standard Safe Diving Practices.

--

	Date						
D	D	/	M	M	/	Y	Y

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Dive No. \_\_\_\_\_ Date \_\_\_\_\_

Location \_\_\_\_\_

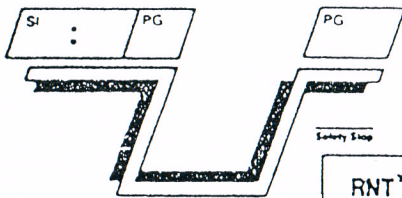
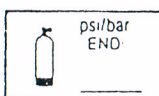


Time IN

:

Time OUT

:



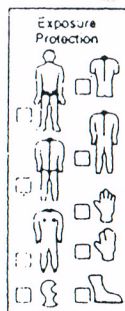
DEPTH

BOTTOM TIME

RNT\* \_\_\_\_\_  
+ ABT \_\_\_\_\_  
TBT\* \_\_\_\_\_

Weight  
 lbs  
 kg

- Fresh
- Salt
- Shore
- Boat
- Waves
- Current
- Surf
- Surge



Visibility  
\_\_\_\_\_  ft  
\_\_\_\_\_  m  
☺ ☹ ☹

Temperature  
\_\_\_\_\_ Air  
\_\_\_\_\_ Surface  
\_\_\_\_\_ Bottom

Tables  Computer

Air  Nitrox % \_\_\_\_\_

Activity \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Actual Bottom Time To Date  :  + Actual Bottom Time This Dive  :  = Total Actual Bottom Time  :

Verification Signature \_\_\_\_\_

Instructor  Divermaster  Buddy

Certification No. \_\_\_\_\_

Dive No. \_\_\_\_\_ Date \_\_\_\_\_

Location \_\_\_\_\_

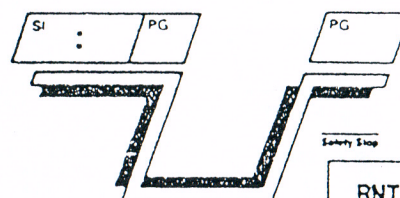
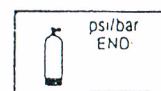


Time IN

:

Time OUT

:



DEPTH

BOTTOM TIME

RNT\* \_\_\_\_\_  
+ ABT \_\_\_\_\_  
TBT\* \_\_\_\_\_

Weight  
 lbs  
 kg

- Fresh
- Salt
- Shore
- Boat
- Waves
- Current
- Surf
- Surge



Visibility  
\_\_\_\_\_  ft  
\_\_\_\_\_  m  
☺ ☹ ☹

Temperature  
\_\_\_\_\_ Air  
\_\_\_\_\_ Surface  
\_\_\_\_\_ Bottom

Tables  Computer

Air  Nitrox % \_\_\_\_\_

Activity \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Actual Bottom Time To Date  :  + Actual Bottom Time This Dive  :  = Total Actual Bottom Time  :

Verification Signature \_\_\_\_\_

Instructor  Divermaster  Buddy

Certification No. \_\_\_\_\_





