

University of Hawaii, Diving Safety Program
 2040 East-West Road PH: (808) 956-9643 Fax: (808) 956-6952
Equipment Test Data Sheet

Owner: _____ **Date:** _____

- 1. NEW, purchase date: _____
- 2. COMPLETE OVERHAUL, service date: _____
- 3. PERIODIC INSPECTION, last test: _____ Number of Dives Since Last Overhaul: _____

Regulator

1st Stage: _____ Serial: _____
 Pri 2nd Stage: _____ Serial: _____
 Alt 2nd Stage: _____ Serial: _____

Regulator Test	High Test	Low Test
Input Pressure	3000 PSI	500 PSI
IP Lockup	PSI	PSI
IP Drift	PSI	PSI
Cracking Effort, Primary	"H ₂ O	"H ₂ O
Cracking Effort, Alt.	"H ₂ O	"H ₂ O
Leak test	PASS	FAIL
Hose Inspection	PASS	FAIL
Mouth Pieces	PASS	FAIL

Instruments

Computer: _____ Serial: _____
 Depth Gauge: _____ Serial: _____
 Pressure Gauge: _____ Serial: _____

Certification Standards:

Range	%Scale
1 st ¼	1%
2 nd ¼	2%
3 rd ¼	3%
4 th ¼	4%

All indicated depths must be equal to or greater than actual.

FSW	Depth Gauge	Computer	Input Pressure (Actual)	Gauge Pressure PSI Bar
0			0 PSI / 0 Bar	
10			500 PSI / 34.5 Bar	
20			1000 PSI / 69 Bar	
30			1500 PSI / 103.5 Bar	
40			2000 PSI / 138 Bar	
60			2500 PSI / 172.5 Bar	
80			3000 PSI / 207 Bar	
100				
120				
150				
Assessment	PASS FAIL	PASS FAIL	Assessment	PASS FAIL

Certification Standards:

Range	%Scale
1 st ¼	1%
2 nd ¼	2%
3 rd ¼	3%
4 th ¼	4%

All indicated pressures must be equal to or less than actual.

BCD

Make/Model: _____ Serial: _____
 Inflator test: **PASS / FAIL** Aircell test: **PASS / FAIL** Dump valves: **PASS / FAIL** Harness: **PASS / FAIL**
PASS - OVERHAUL DUE: _____ **FAIL - SERVICE REQUIRED BEFORE RETEST**

- PASS - 12 MONTH INSPECTION DUE:** _____
- PASS - OVERHAUL DUE:** _____
- FAIL - SERVICE REQUIRED BEFORE RE-TEST**

Technician: _____ **Comments:** _____
Signature: _____
Test Date: _____