

Appendix XI UNIVERSITY OF SOUTHERN CALIFORNIA ANNUAL EQUIPMENT SERVICE RECORD	
DIVER NAME:	PHONE #:
SHOP NAME:	PHONE #:
SHOP WEB:	SHOP EMAIL:
TECH NAME:	SERVICE DATE:
MAKE	MODEL
REGULATOR 1ST STAGE	SERIAL NUMBER
REGULATOR 2ND STAGE	
OCTOPUS	
BCD	
SPG	
DEPTH GAUGE	
COMPUTER	

REGULATOR SET	INCOMING	MANUFACTURER SPECS	OUTGOING	REBUILD
REGULATOR 1ST STAGE	I.P.	I.P.	I.P.	YES <input type="checkbox"/> NO <input type="checkbox"/>
REGULATOR 2ND STAGE	INHALE	INHALE	INHALE	YES <input type="checkbox"/> NO <input type="checkbox"/>
OCTOPUS	INHALE	INHALE	INHALE	YES <input type="checkbox"/> NO <input type="checkbox"/>

BCD/GAUGES/HOSES	INCOMING	OUTGOING	REBUILD
BCD	OPV: P <input type="checkbox"/> O <input type="checkbox"/> F <input type="checkbox"/> DV: P <input type="checkbox"/> O <input type="checkbox"/> F <input type="checkbox"/> PI: P <input type="checkbox"/> O <input type="checkbox"/> F <input type="checkbox"/> WT: P <input type="checkbox"/> O <input type="checkbox"/> F <input type="checkbox"/>	REPAIR: YES <input type="checkbox"/> NO <input type="checkbox"/>	REBUILD: YES <input type="checkbox"/> NO <input type="checkbox"/>
SPG	PRESSURE TEST: P <input type="checkbox"/> O <input type="checkbox"/> F <input type="checkbox"/> WATER TEST: P <input type="checkbox"/> O <input type="checkbox"/> F <input type="checkbox"/>	REPLACE SPOOL: YES <input type="checkbox"/> NO <input type="checkbox"/>	REPLACE O-RING: YES <input type="checkbox"/> NO <input type="checkbox"/>
DEPTH GAUGE	PRESSURE TEST: P <input type="checkbox"/> O <input type="checkbox"/> F <input type="checkbox"/> WATER TEST: P <input type="checkbox"/> O <input type="checkbox"/> F <input type="checkbox"/>	REPAIR: YES <input type="checkbox"/> NO <input type="checkbox"/>	REPLACE: YES <input type="checkbox"/> NO <input type="checkbox"/>
COMPUTER	PT: P <input type="checkbox"/> O <input type="checkbox"/> F <input type="checkbox"/> WT: P <input type="checkbox"/> O <input type="checkbox"/> F <input type="checkbox"/> FT: P <input type="checkbox"/> O <input type="checkbox"/> F <input type="checkbox"/> BT: P <input type="checkbox"/> O <input type="checkbox"/> F <input type="checkbox"/>	REPLACE BATTERY: YES <input type="checkbox"/> NO <input type="checkbox"/>	NEW COMPUTER: YES <input type="checkbox"/> NO <input type="checkbox"/>
HOSES	HP LEAK TEST: P <input type="checkbox"/> O <input type="checkbox"/> F <input type="checkbox"/> LP LEAK TEST: P <input type="checkbox"/> O <input type="checkbox"/> F <input type="checkbox"/>	REPLACE HP: YES <input type="checkbox"/> NO <input type="checkbox"/>	REPLACE LP: YES <input type="checkbox"/> NO <input type="checkbox"/>

NOTES	NOTES
BCD = Buoyancy Compensation Device SPG = Submersible Pressure Gauge OPV = Over Pressure Valve DV = Dump Valve PI = Power Inflator I.P. = Intermediate Pressure Questions - contact Paul Dimeo, Dive Safety Officer 562-951-1706 pdimeo@baap.org	WT = Water Test FT = Function Test BT = Battery Test HP = High Pressure P = Pass F = Fail