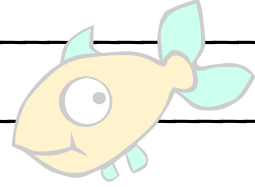



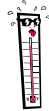
Date _____ Dive # _____

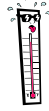

Location _____

Description _____

Objective _____



	Air in	Time in		Air out	Time Out
	<input type="text"/>	<input type="text"/>	_____	<input type="text"/>	<input type="text"/>

Visibility _____ m ☺ ☹ ☹ Current _____		_____	<input type="checkbox"/> safety stop 15 ft/5 m _____ min
	Max Depth _____		Weight _____ kg Exposure Suit _____
	Bottom Time _____		

Note:

Map

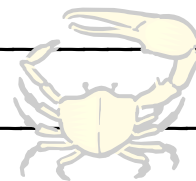
Buddy DM Instructor Certification No. _____


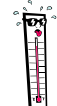
Date _____ Dive # _____




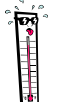

Location _____


Description _____

Objective _____



	Air in	Time in		Air out	Time Out
<input type="text"/>		<input type="text"/>	_____	<input type="text"/>	<input type="text"/>

Visibility _____ m <input type="radio"/>  <input type="radio"/>  <input type="radio"/>  Current _____	 _____ Max Depth _____ Bottom Time _____	<input type="checkbox"/> safety stop 15 ft/5 m _____ min Weight _____ kg Exposure Suit 
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Note:	Map
	

Buddy
 DM
 Instructor
 Certification No. _____