

DIVING CHECKLIST.



**STRATIS
KAS.**

DIVING EQUIPMENT RENTAL CHECKLIST

NOTE: By reading this, you understand, you accept and agree with the following information included. Please read the full disclaimer on www.stratiskas.com/disclaimer/

Part 1 of 3. Please read carefully before signing.

Name _____ Date _____

CourseTitle _____ Instructor Name _____

PERSONAL INFORMATION:

National ID or Passport number

Tax ID or VAT number

Mobile Phone number

Highest Diver Certification

of Dives / # of Cave Dives

Age / Weight

Known Allergies

DCS (Y/N) / When

Other Medical Known Condition

PFO

FILL IN CAPITALS

INITIALS

CONTACT PERSON INFO:

Contact Person

Relationship

Contact Telephone number

FILL IN CAPITALS

INITIALS

MEDICAL INFORMATION:

DAN (or other) Insurance #

Nearest on Duty Doctor / Hospital

Standby Hospital Address

Hospital Telephone number

Local Emergency hotline number

Distance from Hospital in km

Blood Type

Medical ID card number

Last Medical Exam Date

FILL IN CAPITALS

INITIALS

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

Participant's Name (Print) _____

Participant's Signature _____

Address: _____

City: _____ County _____ Postal Code _____ Country _____

Telephone: _____ Email: _____

If the participant is under the age of 18, then the parent or guardian must sign this checklist.

Parent or Guardian's Name (print) _____

Parent or Guardian's Signature _____

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DIVING EQUIPMENT	YES	NO	UNIT(s)	UNIT PRICE	INITIALS
BM/SM Cylinders Kit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Single s80 cylinder stage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Single 12L cylinder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Weight(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Primary Regulator Kit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Backup Regulator Kit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Twin Set Regulator Kit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Stage Regulator Kit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Oxygen Clean Regulator Kit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Harness & Wing (BM or SM)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Twinset Securing Hardware	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tech Fins (+ Boots)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mask / Backup Mask	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Drysuit / Wetsuit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Drygloves / Wetgloves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cutting Tool(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Compass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dive Computer(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bottom timer(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Wet Notes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gear Bag	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Primary Light(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Back up Lights (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
100m+ Reel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2 Spools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SMB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

I am declaring of using complete, well-maintained, reliable equipment with which I am familiar. I inspected it for correct fit and function prior to each dive. I am responsible to check for maintainance of my own and the rental (or free) equipment listed here.

Participant's Name (Print) _____ Participant's Signature _____

Address: _____

City: _____ County _____ Postal Code _____ Country _____

Telephone: _____ Email: _____

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EXTRAS

	YES	NO	UNIT(s)	UNIT PRICE	INITIALS
Basic TOOL Box	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Scuba Multi tool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Alan Keys to remove Reg Plugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dual head Screw Driver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Standard Spare O-rings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
PTFE Grease 'Christo-lube'	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Spare weights + weight belt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Spare Batteries for Backup Lights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tools to set up twin set	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

BREATHING GAS & ACCESSORIES

Oxygen Cylinder 50L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Helium Cylinder 50L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Twinset Cylinder Fills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Stage #1 Cylinder Fill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Stage #2 Cylinder Fill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Stage #3 Cylinder Fill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Stage #4 Cylinder Fill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Stage #5 Cylinder Fill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

GAS ANALYSIS

Trimix / Nitrox Analyzer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Analyzer Spare Battery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cylinder Decals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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DIVE PLANS AND PAPERWORK

	YES	NO	UNIT(s)	UNIT PRICE	INITIALS
Printed Dive Plan Copy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	FREE	<input type="text"/>
Laminated Dive Plan Copy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Map(s) of Dive Site(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	FREE	<input type="text"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

VARIOUS

Depth Measuring Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Car GPS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mobile Phone (Rental)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Walkie-Talkie (Rental)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pocket Calculator (Rental)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First Aid Kit (Rental *unless opened)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Oxygen First Aid Kit (Rental)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Big Marker Buoys x 2 (Rental)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
100 Meter Descend line (Rental)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Small Anchor / Bottom Weight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sunglasses (Sale)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sunscreen (Sale)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Swimming Trunks (Sale)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Drinking Water (Sale, 1x6L Free)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Energy Bars x 3 units (Sale)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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