

SYDNEY PROJECT

Rebreather Checklist

(attach to Diver's Log)

This checklist
complies with the
requirements for
EANx Rebreathers
under AS2299.3

Date: Dive Site:

Supervisor's Name:

Diver's Name:

Rebreather Model:

Air Supply Redundancy Option(s):
(OC/SCR/CCR)

Notes:

SUPERVISOR to Diver: "Have you....."

- | | |
|--------------------------|--|
| <input type="checkbox"/> | ...checked the rebreather's scrubber is operational and not expired and will suffice for the duration of dive? |
| <input type="checkbox"/> | ...checked the rebreather's flow rate (SCR Units)? |
| <input type="checkbox"/> | ...checked the rebreather's Oxygen injector solenoid is operational (CCR Units)? |
| <input type="checkbox"/> | ...checked the rebreather's Diluent injector is operational (CCR Units)? |
| <input type="checkbox"/> | ...conducted a Positive Pressure Test? |
| <input type="checkbox"/> | ...conducted a Negative Pressure Test? |
| <input type="checkbox"/> | ...analysed each Gas Supply with an operational & calibrated Oxygen Analyser? |
| <input type="checkbox"/> | ...checked the redundant air supply is working and is adequate for any planned bailout requirements? |
| <input type="checkbox"/> | ...checked the Oxygen Sensor(s) is/are operational and calibrated? |

I have confirmed the above rebreather checklist with the diver.

Supervisor's Signature:

I confirm that I have assembled the rebreather listed above as per the manufacturer's specifications and completed the above checklist prior to participation in this dive.

Diver's Signature: