

# Old Dominion University, Diving Safety Program

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## 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

1<sup>st</sup> Stage: \_\_\_\_\_ Serial: \_\_\_\_\_

Pri 2<sup>nd</sup> Stage: \_\_\_\_\_ Serial: \_\_\_\_\_

Alt 2<sup>nd</sup> 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 <sub>2</sub> O	"H <sub>2</sub> O
Cracking Effort, Alt.	"H <sub>2</sub> O	"H <sub>2</sub> O
Leak test	<b>PASS</b>	<b>FAIL</b>
Hose Inspection	<b>PASS</b>	<b>FAIL</b>
Mouth Pieces	<b>PASS</b>	<b>FAIL</b>

### Instruments

Computer: \_\_\_\_\_ Serial: \_\_\_\_\_

Depth Gauge: \_\_\_\_\_ Serial: \_\_\_\_\_

Pressure Gauge: \_\_\_\_\_ Serial: \_\_\_\_\_

**Certification Standards:**

Range	%Scale
1 <sup>st</sup> ¼	1%
2 <sup>nd</sup> ¼	2%
3 <sup>rd</sup> ¼	3%
4 <sup>th</sup> 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				
<b>Assessment</b>	<b>PASS</b> <b>FAIL</b>	<b>PASS</b> <b>FAIL</b>	<b>Assessment</b>	<b>PASS</b> <b>FAIL</b>

**Certification Standards:**

Range	%Scale
1 <sup>st</sup> ¼	1%
2 <sup>nd</sup> ¼	2%
3 <sup>rd</sup> ¼	3%
4 <sup>th</sup> 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:** \_\_\_\_\_