The guidelines and recommendations herein were developed to aid persons in securing and maintain a chain of custody for man worn diving helmets, full face masks and associated equipment following a diving fatality or serious diving accident/incident so that a proper investigation can be conducted. It is imperative that all equipment be handled and secured properly to avoid loss or distortion of physical or objective evidence which could help identify the cause, factors, and / or influences leading to the accident /incident. Additionally, the guidelines and checklist are intended to aid in documenting the circumstances surrounding the accident to help aid any future detailed forensic examination, equipment testing, and investigation. If any portion of the form cannot be filled in for any reason, it should be noted why it cannot be filled in.

Note: All equipment the diver was wearing should be photographed and documented. All man worn articles including wet or dry suits and buoyancy compensators should be included as equipment to be inspected and possibly tested. It is strongly recommended that the manufacturer of the helmet or full face mask UBA or person designated by the manufacturer such as an authorized dealer / agent or qualified technician be present prior to any forensic equipment testing for proper inspection set-up prior to any performance, stability, or sealing integrity testing. Under no circumstances should the equipment be tested without qualified / trained persons present. Prior to any performance testing the UBA should be fully inspected and all post-dive / pre-dive checks performed by persons trained and qualified on the particular equipment.

During Recovery

Note any adjustment settings. Do not make any changes. DO NOT alter or disturb the helmet or mask once on the surface other than removing from the body. Video and pictures are also highly recommended during all phases of the recovery if possible.

Fill out as appropriate:

Date and location of accident:__________________________________________________________

Names of persons that performed the recovery and any witnesses:__________________________

Contact information:______________________________________________________________

© 2015 Dive Lab, Inc. All Rights Reserved.
Name of accident victim and brief explanation of training and experience: __________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Type of suit the diver was wearing as well as manufacturer and model: __________________________

____________________________________________________________________________________

Wet _______________    Dry _______________    Hot Water _______________

Make and model of helmet or mask: ________________________________________________

Umbilical Assembly

Manufacturer, make or PN#: _________________________________________________________

Inside diameter: _________________________________________________________________

Type and size of umbilical fittings: _________________________________________________

Number and length of splices: ______________________________________________________

Type of communications wire: _____________________________________________________

Type and inside diameter of pneumo hose: ___________________________________________

Date of last umbilical last flow test and copy of results: _______________________________

Type of EGS interface whip and make and model or PN# of any quick connect fittings: __________

EGS regulator make and model: _____________________________________________________

Intermediate pressure: _______________ psig

Date of last overhaul: ________________________________
EGS cylinder size, make, model, last VIP, and hydro date: 

Make and model of harness: 

Was jock or leg straps used? 

Gloves: 

Boots: 

Fins: 

Weight Belt: 

Recovery Depth: Water Temp: Max Depth: 

Dive time: 

Open Circuit Bailout Pressure: 

Note the EGS valve position: 

Note position of steady flow valve: 

Note any leaks: 

Water in the helmet? 

Was the helmet/mask on or off the body? 

Type of work: 

Specialty Tools: 

**Gas Supply System**

Document the type of breathing gas supply system, both primary and secondary systems and sources by manufacturer's make and model: 

© 2015 Dive Lab, Inc. All Rights Reserved.
Document the SCFM capability, if a LP compressor as well as high and low cycling pressures:

If HP system, document the supply pressure for depth capabilities of the system from previous routine flow test documentation: 

Record obvious damage, leaking gas, or anything odd or of possible interest. Take pictures and/or video if possible. Ensure the equipment is properly secured and inaccessible to anyone other than the official custodian.

Additional Comments:

Print Name: 
Title: 
Organization: 
Signature: Date: 
Witness Name: 
Witness Signature: Date: