



DIVE LAB, INC.
DIVING HELMET/FULL FACE MASK ACCIDENT
CHAIN OF CUSTODY AND RECOMMENDED GUIDELINES

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: _____

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 pnero 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 manufacture's make and model: _____

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: _____