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*Complete Support & Testing of Underwater Diving Equipment*

**DIVING HELMET/FULL FACE MASK ACCIDENT CHAIN OF CUSTODY AND  
RECOMMENDED GUIDELINES**

**Mike Ward Dive Lab Inc.**

2/24/10

The guidelines and recommendations herein were developed to aid persons in securing 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 is 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 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 disassembled, tested, manipulated or operated 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:

1. 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.
2. Fill out as appropriate

3. Date and time of accident

\_\_\_\_\_

4. Date and time of recovery

\_\_\_\_\_

5. Location of accident

\_\_\_\_\_

6. Weather Conditions

\_\_\_\_\_

7. Names of persons that performed the recovery and any witnesses

\_\_\_\_\_

\_\_\_\_\_

8. Contact

Information

\_\_\_\_\_

\_\_\_\_\_

9. Name of accident victim and domain brief explanation of training and experience

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

a. Type of suit the diver was wearing, as well as manufacture and model.

Wet \_\_\_\_\_ Dry \_\_\_\_\_ Hot Water \_\_\_\_\_

Remarks \_\_\_\_\_

b. Make and model of helmet or mask \_\_\_\_\_

c. Umbilical Assembly:

1. Manufacturer, make or PN# \_\_\_\_\_

1. Inside diameter \_\_\_\_\_

2. Type and size of umbilical fittings \_\_\_\_\_

3. Number and length of splices \_\_\_\_\_

4. Type of communications wire \_\_\_\_\_

5. Type and I.D of Pnemofathometer hose \_\_\_\_\_

6. Date last flow test and results \_\_\_\_\_

d. Type of EGS interface whip as well as the make and model or PN# of any quick connect fittings. \_\_\_\_\_

e. EGS regulator make and model \_\_\_\_\_

Intermediate pressure \_\_\_\_\_ psig  
Date of last overhaul \_\_\_\_\_

- f. EGS cylinder size, make, and model, last VIP, and hydro date \_\_\_\_\_  
\_\_\_\_\_
- g. Make and model of harness, was jock or leg straps used \_\_\_\_\_  
\_\_\_\_\_
- h. Gloves \_\_\_\_\_
- i. Boots \_\_\_\_\_
- j. Fins \_\_\_\_\_
- k. Recovery depth \_\_\_\_\_
- l. Water temp \_\_\_\_\_
- m. Maximum Depth \_\_\_\_\_
- n. Dive time \_\_\_\_\_
- o. Open Circuit Bailout Pressure \_\_\_\_\_
- p. Note the EGS valve position \_\_\_\_\_
- q. Note position of steady flow valve \_\_\_\_\_
- r. Note any kind leaks \_\_\_\_\_
- s. Water in the helmet \_\_\_\_\_
- t. Was the helmet or mask on or off the victim \_\_\_\_\_
- u. Weight belt and lbs of weight \_\_\_\_\_
- v. Type of work \_\_\_\_\_
- w. Any specialty tools \_\_\_\_\_
- x. Gas supply system:
  - 1. Document the type of breathing gas supply system both primary and secondary systems and sources, by manufactures make and model. Breif description  
\_\_\_\_\_

2. Document the SCFM capability of the system in use, if a LP compressor was used, document the high and low cycling pressures.

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

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y. 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.

Remarks \_\_\_\_\_

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Name Print \_\_\_\_\_

Title \_\_\_\_\_

Organization \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_