Incident/Accident Chain of Custody for Diving Helmet/KMB/Full Face Mask

The guidelines and recommendations herein were developed to aid persons in securing and maintaining a chain of custody for man worn diving helmets, full face masks and associated equipment following a diving fatality or serious diving incident/accident, 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 incident/accident. Additionally, the guidelines and checklists are intended to aid in documenting the circumstances surrounding the incident/accident to help aid any future detailed forensic examination, equipment testing, and investigation. If any portion of the form cannot be filled out - the reason for leaving it empty should be noted.

NOTICE

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 diver. Video and pictures are also highly recommended during all phases of the recovery if possible.

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Today's Date

Contact Information for a person filling out this form			
First and Last Name	Company/Organization Name	Title	Email

Diver Involved in an Incident/Accident		
First and Last Name	Company Name	Diver's Training and Years of Experience

Date of Incident/Accident	Time of Incident/Accident	Location of Incident/Accident

Date of Recovery	Time of Recovery	Recovery Depth	Water Temp	Maximum Depth	Total Dive Time

Describe Weather Conditions

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Full Names of all Persons that were involved in the recovery and any witnesses For multiple names - separate by a comma	Recovery	Witness
	☐	☐
	☐	☐

EQUIPMENT

Type of Suit the Diver was wearing	Manufacturer of Suit	Model of Suit
☐ Wet ☐ Dry ☐ Hot Water		

Model & Serial Number of Helmet, KMB or Full Face Mask	Regulator Model & Serial Number

Is there a Maintenance Log for the Helmet, KMB or Full Face Mask	☐ No ☐ Yes (if yes, answer question A,B,C,D)
A. Have Daily Pre-Dive Checks been completed on equipment?	☐ Yes ☐ No
B. Were Supervisors Pre-Dive Checks completed prior to entry into water?	☐ Yes ☐ No
C. Date of last A2.1 Annual Overhaul completed?	
D. Provide Technician's Full Name and Certificate Number:	

Condition of Helmet, KMB or Full Face Mask
Perform a visual inspection of the following: If Poor condition is checked please detail in remarks:

Neck Ring Assembly/KMB Hood	☐ Good ☐ Poor	**Remarks:**
Head Cushion	☐ Good ☐ Poor	
Full Face Mask Face Seal	☐ Good ☐ Poor	
Is the Internally Mounted Chin Strap Present?	☐ Yes ☐ No	
Are there any non-original equipment manufacturer parts being used on the equipment?	☐ No ☐ Yes if yes, explain	

Umbilical Assembly

Manufacturer	Model/Type	Serial Number or Identification Number	Inside diameter	Type & Size of Umbilical fittings
Number of splices	**Length of splices**	**Type of communications wire**	**Type of Pneumofathometer Hose**	**Inside diameter of Pneumofathometer Hose**

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Date of last Flow Test	Results of last Flow Test

EGS Interface Whip

Type	Make	Model or PN# of any Quick Connect Fittings

EGS Regulator

Make	Model	Serial Number	Intermediate pressure - PSIG	Date of Last Overhaul

EGS Cylinder

Size	Manufacturer	Last VIP	Hydro Date

Harness

Make	Model	Were Jock or Leg straps used?
		☐ Yes ☐ No

Gloves

Make	Model

Boots

Make	Model

Fins

Make	Model

Weight Belt

Make	Type (if other, specify)	Weight in lbs.
	☐ Soft ☐ Hard ☐ Other_____	

Open Circuit Bailout Pressure	Note the EGS valve position

Note position of steady flow valve	Note any leaks or flow

Water ingress in the helmet, KMB or Full Face Mask?	☐ No ☐ Yes If Yes, explain below

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Was the Helmet, KMB, Full Face Mask on the diver when recovered?	☐ Yes ☐ No If No, explain below

Type of work that was being performed by the Diver

Specialty tools used?	☐ No ☐ Yes If Yes, explain below

Gas Supply System

Describe the type of breathing gas supply system, both primary and secondary systems and sources by manufacture's make and model: i.e. type of LP compressor and manifold system, type of HP Console/Panel if being used

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

If HP system was used, 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: if any