



Dive No:	Stamp/signature:	
Date:		
Location:		
<div style="display: flex; justify-content: space-between;"><div style="width: 45%;"><p>Time in:</p><p>Avg depth:</p><p>Max depth:</p><p>Dive time:</p></div><div style="width: 10%; text-align: center;"><p>Bottom time:</p></div><div style="width: 45%;"><p>Stop: <input type="checkbox"/></p><p>Temps: Air:</p><p>Stop:</p><p>Depth:</p></div></div>		
<div style="display: flex; align-items: center;"><div style="flex: 1;"><p>Vis: (m) 0 1 3 5 10 20 30</p></div><div style="flex: 2; text-align: right;"><p><input type="checkbox"/> Salt <input type="checkbox"/> Boat <input type="checkbox"/> Night</p><p><input type="checkbox"/> Fresh <input type="checkbox"/> Shore</p></div></div>		
Gas:	Suit: <input type="checkbox"/> Wet <input type="checkbox"/> Dry	Weight:
Tank(s):	<input type="checkbox"/> Semi <input type="checkbox"/> Shorty	
Gas in:	Thickness/undergarment: <input type="checkbox"/> Over <input type="checkbox"/> Perfect	
Gas out:	<input type="checkbox"/> Under	
RMV:		
Comments:		

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