



Diving Equipment Checkout Form

Scientific Diver Name _____ UWF ID # _____

Address _____
Street City State Zip

Phone number _____ Email address _____

Project Information

Project/Department Name _____ Supervisor _____

Location of Dives _____

Request Date _____ Pick up Date/Time _____

Approved: MSC Name _____ Signature _____

Equipment Requested

Tanks (# & qty) _____ Regulator (UWF #) _____

B.C. (UWF # & size) _____ Weight Belt (UWF #) _____

Weight (lbs) _____ X2 _____ X4 _____ X5 Total Weight _____

Dive Master Kit (UWF #) _____ Oxygen Rescue Kit (UWF #) _____

Return Information

Return Date/Time _____ Signature _____

Approved: MSC Name _____ Signature _____

Comments, Maintenance & Parts Needed, or Problems Encountered: _____

Authorization Information

By signing here, I _____ agree to assume all responsibility for loss or damage of the UWF equipment while in my possession. I further agree to use this equipment only for the purpose for which it was checked out.

Signature

Date

Request Approved

Date

This form must be submitted at least 24 hours in advance of intended pick up date/time. Each individual diver must submit a separate request for gear. Requests are filled on a first come, first served basis.