

Shoals Marine Laboratory Underwater Research Course SCUBA Diving Application Instructions

Underwater Research Applicants must follow the steps outline below in order to receive permission to dive at Shoals Marine Laboratory (SML), Appledore Island, Isles of Shoals, ME.

The forms referenced below are included in this packet.

STEP 1:

APPLICANT/DIVER completes:

- Appendix 3 - SCUBA Diving Medical History
- Shoals Marine Laboratory SCUBA Diving Application Form
- Shoals Marine Laboratory Release/Indemnification

STEP 2:

PHYSICIAN reviews and completes:

- Appendix 1 - Medical Exam Overview,
- Appendix 2 - Medical Evaluation of Fitness
- Appendix 3 - SCUBA Diving Medical History

STEP 3:

Send all original documents* to SML's diving safety officer at least **one month prior to your course!**

Elizabeth Kintzing
Diving Program Officer

24 Colovos Rd.
Chase Lab, UNH
Durham, NH 03824

email: ek@unh.edu
phone: (603) 834-1398

**Keep copies to bring to the island, thank you.*

STEP 4:

Review the UNH/AAUS Diving Manual at <https://marine.unh.edu/research-centers/diving-program>

Special Notes:

(1) Acceptance into the Shoals Marine Laboratory diving program is contingent upon a completed SML/UNH medical evaluation of fitness, physician approval and review from the Diving Control Board. The Shoals Marine Laboratory and the University of New Hampshire reserve the right to require further medical review by a physician specializing or experienced in hyperbaric medicine.

(2) The initial dive medical examination **requires** a chest x-ray, spirometry, urinalysis, and hematocrit (or hemoglobin) tests. Please speak to your physician or make arrangements to have these tests done before the appointment for your physical.

(3) The following conditions are contraindications for diving: Asthma or lung disease, epilepsy/seizure syndromes, insulin dependent diabetes, dizziness or fainting, recreational drug use, pregnancy, or any other serious medical condition. If you have any one of these conditions, you may not be able to participate in the Shoals Marine Laboratory/University of New Hampshire diving program.

(4) First Aid/CPR/AED training and Oxygen for SCUBA diving injuries training are included as part of *Underwater Research Credit Course*. All training fees are included in program costs.

Questions? Contact UNH Diving Program Officer, Elizabeth Kintzing: ek@unh.edu

APPENDIX 1

UNH DIVING MEDICAL EXAM OVERVIEW FOR THE EXAMINING PHYSICIAN

TO THE EXAMINING PHYSICIAN:

This person, _____, requires a medical examination to assess their fitness for certification as a Scientific Diver for the University of New Hampshire. Their answers on the Diving Medical History Form (attached) may indicate potential health or safety risks as noted. Your evaluation is requested on the attached scuba Diving Fitness Medical Evaluation Report. If you have questions about diving medicine, you may wish to consult one of the references on the attached list or contact one of the physicians with expertise in diving medicine whose names and phone numbers appear on an attached list, the Undersea Hyperbaric and Medical Society, or the Divers Alert Network. Please contact the undersigned Diving Safety Officer if you have any questions or concerns about diving medicine or the University of New Hampshire standards. Thank you for your assistance.

Elizabeth Kintzing

ek@unh.edu

603-834-1398 Diving Program Officer

Scuba and other modes of compressed-gas diving can be strenuous and hazardous. A special risk is present if the middle ear, sinuses, or lung segments do not readily equalize air pressure changes. The most common cause of distress is eustachian insufficiency. Recent deaths in the scientific diving community have been attributed to cardiovascular disease. Please consult the following list of conditions that usually restrict candidates from diving.

(Adapted from Bove, 1998: bracketed numbers are pages in Bove)

CONDITIONS WHICH MAY DISQUALIFY CANDIDATES FROM DIVING

1. Abnormalities of the tympanic membrane, such as perforation, presence of a monomeric membrane, or inability to autoinflate the middle ears. [5 ,7, 8, 9]
2. Vertigo, including Meniere's Disease. [13]
3. Stapedectomy or middle ear reconstructive surgery. [11]
4. Recent ocular surgery. [15, 18, 19]
5. Psychiatric disorders including claustrophobia, suicidal ideation, psychosis, anxiety states, untreated depression. [20 - 23]
6. Substance abuse, including alcohol. [24 - 25]
7. Episodic loss of consciousness. [1, 26, 27]
8. History of seizure. [27, 28]
9. History of stroke or a fixed neurological deficit. [29, 30]
10. Recurring neurologic disorders, including transient ischemic attacks. [29, 30]
11. History of intracranial aneurysm, other vascular malformation or intracranial hemorrhage. [31]
12. History of neurological decompression illness with residual deficit. [29, 30]
13. Head injury with sequelae. [26, 27]
14. Hematologic disorders including coagulopathies. [41, 42]
15. Evidence of coronary artery disease or high risk for coronary artery disease. [33 - 35]
16. Atrial septal defects. [39]
17. Significant valvular heart disease - isolated mitral valve prolapse is not disqualifying. [38]
18. Significant cardiac rhythm or conduction abnormalities. [36 - 37]
19. Implanted cardiac pacemakers and cardiac defibrillators (ICD). [39, 40]
20. Inadequate exercise tolerance. [34]
21. Severe hypertension. [35]
22. History of spontaneous or traumatic pneumothorax. [45]
23. Asthma. [42 - 44]
24. Chronic pulmonary disease, including radiographic evidence of pulmonary blebs, bullae, or cysts. [45,46]
25. Diabetes mellitus. [46 - 47]
26. Pregnancy. [56]

SELECTED REFERENCES IN DIVING MEDICINE

Available from Best Publishing Company, P.O. Box 30100, Flagstaff, AZ 86003-0100, the Divers Alert Network (DAN) or the Undersea and Hyperbaric Medical Society (UHMS), Durham, NC

- Elliott, D.H. ed. 1996. *Are Asthmatics Fit to Dive?* Kensington, MD: Undersea and Hyperbaric Medical Society.
- Bove, A.A. 2011. The cardiovascular system and diving risk. *Undersea and Hyperbaric Medicine* 38(4): 261-269.
- Thompson, P.D. 2011. The cardiovascular risks of diving. *Undersea and Hyperbaric Medicine* 38(4): 271-277.
- Douglas, P.S. 2011. Cardiovascular screening in asymptomatic adults: Lessons for the diving world. *Undersea and Hyperbaric Medicine* 38(4): 279-287.
- Mitchell, S.J., and A.A. Bove. 2011. Medical screening of recreational divers for cardiovascular disease: Consensus discussion at the Divers Alert Network Fatality Workshop. *Undersea and Hyperbaric Medicine* 38(4): 289-296.
- Grundy, S.M., Pasternak, R., Greenland, P., Smith, S., and Fuster, V. 1999. Assessment of Cardiovascular Risk by Use of Multiple-Risk-Factor Assessment Equations. AHA/ACC Scientific Statement. *Journal of the American College of Cardiology*, 34: 1348-1359. <http://content.onlinejacc.org/cgi/content/short/34/4/1348>
- Bove, A.A. and Davis, J. 2003. *DIVING MEDICINE*, Fourth Edition. Philadelphia: W.B. Saunders Company.
- Edmonds, C., Lowry, C., Pennefather, J. and Walker, R. 2002. *DIVING AND SUBAQUATIC MEDICINE*, Fourth Edition. London: Hodder Arnold Publishers.
- Bove, A.A. ed. 1998. *MEDICAL EXAMINATION OF SPORT SCUBA DIVERS*, San Antonio, TX: Medical Seminars, Inc.
- NOAA *DIVING MANUAL*, NOAA. Superintendent of Documents. Washington, DC: U.S. Government Printing Office.
- U.S. *NAVY DIVING MANUAL*. Superintendent of Documents, Washington, DC: U.S. Government Printing Office, Washington, D.C.

APPENDIX 2

UNH MEDICAL EVALUATION OF FITNESS FOR SCUBA DIVING REPORT

Name of Applicant (Print or Type) _____

Date of Medical Evaluation (Month/Day/Year) _____

To The Examining Physician: Scientific divers require periodic scuba diving medical examinations to assess their fitness to engage in diving with self-contained underwater breathing apparatus (scuba). Their answers on the Diving Medical History Form may indicate potential health or safety risks as noted. Scuba diving is an activity that puts unusual stress on the individual in several ways. Your evaluation is requested on this Medical Evaluation form. Your opinion on the applicant's medical fitness is requested. Scuba diving requires heavy exertion. The diver must be free of cardiovascular and respiratory disease (see references, following page). An absolute requirement is the ability of the lungs, middle ears and sinuses to equalize pressure. Any condition that risks the loss of consciousness should disqualify the applicant. Please proceed in accordance with the AAUS Medical Standards (Sec. 5.00). If you have questions about diving medicine, please consult with the Undersea Hyperbaric Medical Society or Divers Alert Network.

THE FOLLOWING TESTS ARE REQUIRED-Please initial if they have been completed:

DURING ALL INITIAL AND PERIODIC RE-EXAMS (UNDER AGE 40):

- _____ Medical history
- _____ Complete physical exam, with emphasis on neurological and otological components
- _____ Chest X-Ray (required only on initial exam)
- _____ Spirometry (required only on initial exam)
- _____ Hematocrit or Hemoglobin
- _____ Urinalysis
- _____ Any further tests deemed necessary by the physician

ADDITIONAL TESTS DURING FIRST EXAM OVER AGE 40 AND PERIODIC RE-EXAMS (OVER AGE 40):

- _____ Chest x-ray (Required only during first exam over age 40)
- _____ Resting EKG
- _____ Assessment of coronary artery disease using Multiple-Risk-Factor Assessment¹
(age, lipid profile, blood pressure, diabetic screening, smoking)
Note: Exercise stress testing may be indicated based on Multiple-Risk-Factor Assessment¹
- _____ Urinalysis

PHYSICIAN'S STATEMENT:

I have evaluated the above mentioned individual according to the tests listed above. I have discussed with the patient any medical condition(s) that would not disqualify him/her from diving, but which may seriously compromise subsequent health. The patient understands the nature of the hazards and the risks involved in diving with these conditions.

_____ 01 I find no medical conditions that may be disqualifying for participation in scuba diving.
Diver **IS** medically qualified to dive for: _____

- _____ 2 years (over age 60)
- _____ 3 years (age 40-59)
- _____ 5 years (under age 40)

_____ 02 Diver **IS NOT** medically qualified to dive: _____ Permanently _____ Temporarily.

Signature MD or DO Date

MD or DO Name (Print or Type)

Medical Practice name

Address

Telephone Number

E-Mail Address

My familiarity with applicant is: _____ This exam only _____ Regular physician for _____ years

My familiarity with diving medicine is: _____

APPLICANT'S RELEASE OF MEDICAL INFORMATION FORM

Name of Applicant (Print or Type)

I authorize the release of this information and all medical information subsequently acquired in association with my diving to the University of New Hampshire and Shoals Marine Lab Diving Safety Officer and Diving Control Board or their designee at (place) _____ on (date) _____

Signature of Applicant _____ Date _____

REFERENCES

¹ Grundy, S.M., Pasternak, R., Greenland, P., Smith, S., and Fuster, V. 1999. Assessment of Cardiovascular Risk by Use of Multiple-Risk-Factor Assessment Equations. AHA/ACC Scientific Statement. *Journal of the American College of Cardiology*, 34: 1348-1359. <http://content.onlinejacc.org/cgi/content/short/34/4/1348>

APPENDIX 3

UNH DIVING MEDICAL HISTORY FORM

(To Be Completed By Applicant-Diver)

Name _____ DOB _____ Age ____ Wt. ____ Ht. ____

Sponsor _____ Date ____/____/____
(Dept./Project/Program/School, etc.) (Mo/Day/Yr)

TO THE APPLICANT:

Scuba diving places considerable physical and mental demands on the diver. Certain medical and physical requirements must be met before beginning a diving or training program. Your accurate answers to the questions are more important, in many instances, in determining your fitness to dive than what the physician may see, hear or feel as part of the diving medical certification procedure.

Should your answers indicate a condition, which might make diving hazardous, you will be asked to review the matter with your physician. In such instances, their written authorization will be required in order for further consideration to be given to your application. If your physician concludes that diving would involve undue risk for you, remember that they are concerned only with your well-being and safety.

	<u>Yes</u>	<u>No</u>	<u>Please indicate whether or not the following apply to you</u>	<u>Comments</u>
1A			History or suspected of having COVID-19	
1			Convulsions, seizures, or epilepsy	
2			Fainting spells or dizziness	
3			Been addicted to drugs	
4			Diabetes	
5			Motion sickness or sea/air sickness	
6			Claustrophobia	
7			Mental disorder or nervous breakdown	
8			Are you pregnant?	
9			Do you suffer from menstrual problems?	
10			Anxiety spells or hyperventilation	
11			Frequent sour stomachs, nervous stomachs or vomiting spells	
12			Had a major operation	
13			Presently being treated by a physician	
14			Taking any medication regularly (even non-prescription)	
15			Been rejected or restricted from sports	
16			Headaches (frequent and severe)	
17			Wear dental plates	
18			Wear glasses or contact lenses	
19			Bleeding disorders	
20			Alcoholism	
21			Any problems related to diving	
22			Nervous tension or emotional problems	

	Yes	No	Please indicate whether or not the following apply to you	Comments
23			Take tranquilizers	
24			Perforated ear drums	
25			Hay fever	
26			Frequent sinus trouble, frequent drainage from the nose, post-nasal drip, or stuffy nose	
27			Frequent earaches	
28			Drainage from the ears	
29			Difficulty with your ears in airplanes or on mountains	
30			Ear surgery	
31			Ringing in your ears	
32			Frequent dizzy spells	
33			Hearing problems	
34			Trouble equalizing pressure in your ears	
35			Asthma	
36			Wheezing attacks	
37			Cough (chronic or recurrent)	
38			Frequently raise sputum	
39			Pleurisy	
40			Collapsed lung (pneumothorax)	
41			Lung cysts	
42			Pneumonia	
43			Tuberculosis	
44			Shortness of breath	
45			Lung problem or abnormality	
46			Spit blood	
47			Breathing difficulty after eating particular foods, after exposure to particular pollens or animals	
48			Are you subject to bronchitis	
49			Subcutaneous emphysema (air under the skin)	
50			Air embolism after diving	
51			Decompression sickness	
52			Rheumatic fever	
53			Scarlet fever	
54			Heart murmur	
55			Large heart	
56			High blood pressure	
57			Angina (heart pains or pressure in the chest)	
58			Heart attack	

	Yes	No	Please indicate whether or not the following apply to you	Comments
59			Low blood pressure	
60			Recurrent or persistent swelling of the legs	
61			Pounding, rapid heartbeat or palpitations	
62			Easily fatigued or short of breath	
63			Abnormal EKG	
64			Joint problems, dislocations or arthritis	
65			Back trouble or back injuries	
66			Ruptured or slipped disk	
67			Limiting physical handicaps	
68			Muscle cramps	
69			Varicose veins	
70			Amputations	
71			Head injury causing unconsciousness	
72			Paralysis	
73			Have you ever had an adverse reaction to medication?	
74			Do you smoke?	
75			Have you ever had any other medical problems not listed? If so, please list or describe below;	
76			Is there a family history of high cholesterol?	
77			Is there a family history of heart disease or stroke?	
78			Is there a family history of diabetes?	
79			Is there a family history of asthma?	
80			Date of last tetanus Vaccination?	
			Date of last Covid-19 Vaccination?	

Please explain any “yes” answers to the above questions.

I certify that the above answers and information represent an accurate and complete description of my medical history.

Signature

Date



113 Morse Hall, 8 College Road, Durham, NH 03824
t: 603.862.5346 • f: 603.862.3151 • shoals.lab@unh.edu • shoalsmarinelaboratory.org

SCUBA Diving Application Form for Underwater Research

Applicant Diver Name: _____
(Please print)

Please Read:

At least one month prior to your arrival on Appledore, SML must receive:

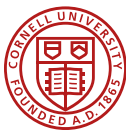
- (1) Current **SML/UNH Medical Evaluation of Fitness for SCUBA Diving** and **Diving Medical History Form** completed within the 12 months prior to your arrival at SML.
- (2) Signed and witnessed **Release/Indemnification of all Claims and Covenant Not to Sue** form.
- (3) Documentation that your diving equipment has been maintained and tested as required by the **SCUBA Equipment List**.

All divers must supply their own SCUBA equipment *except* weights and tanks: see **SCUBA Equipment List!**

All divers must complete and pass an open-water check-out dive with the UNH Diving Program Officer or designee.

Please Complete:

- (1) **Diver Training:** Level of certification, name of certifying organization, date and location. List this information in this space AND attach a photocopy of your dive certificate or card to your packet.



Cornell University



University of
New Hampshire

- (2) **Experience:** Please give a summary of your diving experience. Include location, depth and purpose of dive. Attach a copy of your dive log.
- (3) **Additional Training:** Are you currently certified in CPR, first aid, emergency oxygen, or life-saving courses? If yes, list names and dates AND provide a photocopy of your certification card(s).
- (4) **Dive Equipment:** All SCUBA gear must have been professionally serviced within the past 12 months or per manufacturer's recommendations. Please provide receipts as documentation of service, or receipts for new gear yet to be serviced (less than a year old). If you have a dive computer that you will be using, please indicate make and model below. Please also provide the make and model of your regulator. If renting gear for use at SML, please indicate the anticipated rental facility. Documentation demonstrating that rented SCUBA gear has been serviced within the last 12 months will be required upon arrival at SML.
- (5) **Insurance:** To participate in the SML diving program, you must have health insurance that provides diving-accident coverage. Check your personal health and accident insurance to see if you have coverage for diving accidents in a scientific diving application, pay specific attention to any "exception clauses". DAN (Diver Alert Network) provides affordable and easily obtained insurance for dive accidents and medical emergencies. To ensure coverage, applicants should obtain the highest level DAN plan available ("preferred" or "guardian") for their state. For more information, call DAN at 1-800 446-2671 or online at <https://dan.org/membership-insurance/dive-insurance/>

Note: Shoals Marine Laboratory employees engaged in working dives, instruction and/or supervision of student divers are additionally covered by Worker's Compensation Insurance.

_____ I have coverage in case of a diving accident.

Company: _____

Policy No: _____

_____ I do not have coverage at this time but will provide the company name and policy number(s) to the Diving Safety Officer to complete my requirements before arriving on Appledore. I understand that I will not be able to dive until this information is provided.

(6) **Medical:** You and your physician must complete the UNH Medical Evaluation of Fitness for SCUBA Diving Report. Your physical must be current. This form along with your Diving Medical History must be submitted to the UNH diving program at least 1 month before your arrival on island. ***Please make a copy of the completed forms for yourself and bring them with you to Appledore.*** (Questions? Contact Elizabeth Kintzing)

(7) **Emergency Contact Information:** Please list the name, address, and phone number of a person to contact in case of an emergency while at Shoals Marine Laboratory

Name: _____ Relationship: _____

Phone: _____ Address: _____

(8) **Diver Responsibilities and Certifications:** *Please initial each item to verify you have read and understood it.*

I understand that responsibility while diving rests with the individual and, that in requesting SCUBA diving privileges at the Shoals Marine Laboratory/University of New Hampshire, I will be responsible for and ensure that:

____ (1) I am in good physical condition and physically prepared for the rigorous diving conditions at the Isles of Shoals.

____ (2) I am certified by a nationally recognized diver training organization.

____ (3) My equipment is in safe operating condition and maintained according to the requirements of the *University of New Hampshire Handbook for Diving Safety*.

____ (4) I do not violate the dictates of my diver training.

Additionally, I certify that:

____(5) I have read, understood, and agree to follow the *University of New Hampshire Handbook for Diving Safety*.

____(6) I understand that all SCUBA diving at the Shoals Marine Laboratory/University of New Hampshire is voluntary.

____(7) I have sufficient health and accident insurance coverage for any injury incurred while diving.

____(8) To the best of my knowledge, the information in this Diver Application is correct.

Applicant / Diver Signature

Date

Witness Name (print or type)

Witness Signature

Release/Indemnification of All Claims and Covenant Not to Sue

Notice: This is a legally binding agreement. By signing this agreement you give up your right to bring a court action to recover compensation or obtain any other remedy for any injury to yourself, damage to your property, or your death, however caused arising out of your participation in SCUBA Diving or related activities at Shoals Marine Laboratory. **You must initial each item to verify you have read and understood it.**

Acknowledgement of Risk

_____ I hereby acknowledge and agree that SCUBA diving has inherent risks. I have full knowledge of the nature and the extent of all the risks associated with SCUBA diving, including but not limited to:

- (1) Drowning
- (2) Decompression illness - including DCS and lung over-pressure syndromes
- (3) Marine animal attacks
- (4) Failure of equipment
- (6) Injuries resulting from contact with underwater objects and/or the sea bottom
- (7) Boats, boat motors and propellers, docks, wharves, and diving platforms
- (8) Remote access to a medical facility and hyperbaric treatment

_____ I further acknowledge that the above list is not inclusive of all possible risks associated with SCUBA diving in and around the Isles of Shoals and that the above list in no way limits the extent or reach of this release and covenant not to sue.

Release/Indemnification

_____ In consideration of my involvement in a Shoals Marine Laboratory program/project involving SCUBA diving, I, the undersigned diver, hereby do agree on behalf of myself, heirs, representatives, executors, administrators and assigns, to release University of New Hampshire, Cornell University and the Shoals Marine Laboratory, their officers, agents, and employees (herein collectively referred to as the Universities) from any cause of action, claims, demands of any nature whatsoever, including but not limited to a claim of negligence, which I, my heirs, representatives, executors, administrators and assigns may now have, or have in the future against the University of New Hampshire and Cornell University on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to my participation in a Shoals Marine Laboratory diving activity, whether that participation is supervised or unsupervised, howsoever the injury or damage is caused, including but not limited to the negligence of the University of New Hampshire and Cornell University.

_____ In consideration of my participation, I, the undersigned, agree to indemnify and Hold Harmless, University of New Hampshire, Cornell University, Shoals Marine Laboratory, its officers, directors, trustees, agents, and employees from any and all causes of action demands, losses, costs of any nature whatsoever arising out of or in any way relating to my participation in a Shoals Marine Laboratory course.

_____ I hereby certify that I have full knowledge of the nature and the extent of the risks inherent in diving at the Shoals Marine Laboratory, and that I am voluntarily assuming the risks. I understand that I will be solely responsible for any loss or damage (including death) that I sustain while participating,

(continued on next page)

and that by this agreement I am relieving the University of New Hampshire and Cornell University of any and all liability for such loss, damage or death.

_____ I further certify that I am in good health and that I have no physical limitations, which would preclude my safe participation. I further certify that I hold a valid SCUBA certification, and that my equipment is in safe operating condition.

_____ I further certify that my date of birth is _____ (month/day/year) and that my present age is _____, and that I am therefore of lawful age (18 years or older) and otherwise legally competent to sign this agreement. I further understand that the terms of this agreement are legally binding and I certify that I am carefully signing this agreement, after carefully reading the same, of my own free will.

WITNESS WHEREOF, this instrument is duly executed at: (location)_____

this _____ day of _____, 20_____.

Applicant / Diver Signature

Applicant / Diver Printed Clearly

Witness Signature

Witness Name Printed Clearly

SCUBA Diving Equipment List for SCUBA Divers

Equipment List for Underwater Research SCUBA Divers

Please note: Prior experience using all of your gear is required—in other words—use your gear before you get to SML/Appledore Island. If you are renting gear you must have completed 2 dives using gear similar to what you plan to use in this course.

Required Items for All SCUBA Divers (diver must provide items in **bold**)

(1) **Full Wetsuit for Cold Water Diving:** at least 1/4 inch (6mm) thick. This should include: “farmer-john” bottoms; jacket with either attached or separate hood; booties; and mitts or gloves.

[Note: A 3/16 inch (5mm) wetsuit augmented with a vest with attached hood is a less preferred, but acceptable alternative. Anything less than 5mm will not be sufficient.]

(2) **Mask, Snorkel, and Fins**

(3) **Weight Belt and Weights** (*SML provides*). IF diver provides their own weight belt – please bring only those with metal buckles (no plastic buckles please).

(4) **Aluminum or steel Tank** (*SML provides – you don’t need to bring a tank!*).

(5) **Buoyancy Compensator (BC)** equipped with a power inflator and exhaust valve is required for all divers, including those using dry suits.

Maintenance requirement: *Must have been functionally inspected within the past 12 months.*

(6) **Regulator** equipped with, pressure gauge, power inflator hose, and an octopus or safe second.

Maintenance requirement: *This equipment must have undergone inspection and service within the previous 12 months (or the equivalent of the manufacturer’s maintenance requirement).*

(7) **Depth Gauge and Bottom Timer or Diver Computer.** Be sure to bring replacement batteries, if applicable, and your user manual for reference.

Maintenance requirement: *Must have been inspected within the previous 12 months.*

(8) **Diver’s cutting tool (knife, shears, or line cutter)**

(9) **Compass – Required**

(10) **Maintenance Records for Diving Equipment:** A copy of the written record, including the date and nature of work performed and the name of the person performing the work. You must provide such records for buoyancy compensators and regulators.

(Note: If you are using rental equipment, you must get a letter from the dive shop indicating the dates of equipment inspections/maintenance and certifying that the equipment has been appropriately serviced.)

Recommended Items for SCUBA Diving at SML:

- Extra sweats (etc.) for pre and post dive wear
- Large bath or beach towel for the dive site (separate from your shower towel)

- Extra fin and mask straps
- Old running shoes, sneakers of any kind to wear to/from the dive site
- Dry suits are acceptable with proper training and experience (at least 20 dives); they must be equipped with an air-inlet and an exhaust valve.

Optional Items for SCUBA Diving at SML:

- Digital camera (with charger, cables, etc.).
- Catch bag and/or dive bag