

# Rebreather Evaluation Form

Are you certified as an Advanced Nitrox diver or equivalent with a minimum of 25 dives? **Yes/no**

## Did your instructor cover the following?

### Theory

Hypoxia	YES / NO
Hyperoxia	YES / NO
Hypercapnia	YES / NO
PPO <sub>2</sub> s	YES / NO
CNS Toxicity	YES / NO
OTUs	YES / NO
electronics	YES / NO
Did you receive and read the manual?	YES / NO
<b>Stripping/rebuild of the rebreather</b>	
Direction of gas flow	YES / NO
Water traps	YES / NO
Mouthpiece/BOV	YES / NO
Counterlungs	YES / NO
Hoses	YES / NO
Sensors (use/lifetime)	YES / NO
Batteries (changing/lifetime)	YES / NO
Solenoid or orifice (function – failed closed/failed open)	YES / NO
Sofnolime (packing/changing/lifetime)	YES / NO
1 <sup>st</sup> stages (interstage pressures)	YES / NO
BAILOUT	YES / NO
Disinfecting	YES / NO Controller

and HUD	YES / NO
Calibration	YES / NO
Pre-dive checks	YES / NO
Checking sofnolime	YES / NO
Contents of air and oxygen	YES / NO
Bailouts (when to)	YES / NO
When to turn electronics on and off (before/after dive procedures)	YES / NO
Low and high PO2s	YES / NO
Warnings	YES / NO
Diluent add on descent	YES / NO
6m bubble check	YES / NO
Buoyancy on ascent	YES / NO
PO2 checking (frequency of)	YES / NO
Pressure gauge checking	YES / NO

**Confined water**

Was your instructor present all the time? YES / NO  
 Please list your exercises.

**Open Water**

Was your instructor present all the time? YES / NO  
 How many dives did you  
 Do you think you can dive the REBREATHER on your own? If no, why not? YES / NO

**WATCH YOUR PO2s ALL THE TIME**

**Name**.....

I..... have completed and understood all the above

Date.....