



Dive Lab, Inc.
1415 Moylan Road, Panama City Beach, FL 32407
Phone: 850-235-2715 Fax: 850-235-0858 E-mail: divelab@aol.com

Complete Support & Testing of Underwater Diving Equipment

**DIVING HELMET/FULL FACE MASK ACCIDENT CHAIN OF CUSTODY AND
RECOMMENDED GUIDELINES**

Mike Ward Dive Lab Inc.

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

Note: 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:

1. 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 body. Video and pictures are also highly recommended during all phases of the recovery if possible.
2. Fill out as appropriate

3. Date of accident and location _____

4. Names of persons that performed the recovery and any witnesses

5. Contact Information _____

6. Name of accident victim and domain brief explanation of training and experience _____

- a. Type of suit the diver was wearing as well as manufacturer and model.
Wet _____ Dry _____ Hot Water _____
Remarks _____
- b. Make and model of helmet or mask _____
- b. Umbilical Assembly:
1. Manufacturer, make or PN# _____
1. Inside diameter _____
2. Type and size of umbilical fittings _____
3. Number and length of splices _____
4. Type of communications wire _____
5. Type and inside diameter of pnemo hose _____
6. Date of last umbilical last flow test and copy of results _____
- d. Type of EGS interface whip as well as the make and model or PN# of any quick connect fittings _____
- e. EGS regulator make and model _____
Intermediate pressure _____ psig
Date of last overhaul _____
- f. EGS cylinder size, make, and model, last VIP, and hydro date _____

- g. Make and model of harness, was jock or leg straps used _____

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- h. Gloves _____
 - i. Boots _____
 - j. Finns _____
 - k. Recovery depth _____
 - m. Water temp _____
 - n. Maximum Depth _____
 - o. Dive time _____
 - p. Open Circuit Bailout Pressure _____
 - q. Note the EGS valve position _____
 - r. Note position of steady flow valve _____
 - s. Note any kind leaks _____
 - t. Water in the helmet _____
 - u. Was the helmet or mask on or off the body _____
 - v. Weight belt _____
 - w. Type of work _____
 - x. Any specialty tools _____
 - y. Gas supply system:
 - 1. Document the type of breathing gas supply system both primary and secondary systems and sources, by manufactures make and model.

 - 2. Document the SCFM capability and if a LP compressor as well as high and low cycling pressures. _____

 - 3. If HP system document the supply pressure for depth capabilities of the system from previous routine flow test documentation.

- z. 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.

Remarks _____

Name Print _____

Title _____

Organization _____

Signature _____ Date _____

Witness Name _____

Signature _____ Date _____