MABAS DIVISIONS 4 & 5 SRT

Dive Checklist / Rapid Field Neuro
(Water Rescue & Recovery)

Date of Incident: _____ Time of Incident: _____

Location of Incident: _____

DIVE CHECKLIST

Diver Name: _____ Department: _____

Tender: _____ Dive No: _____

- ☐ Hood
- ☐ Full Face Mask
- ☐ Drysuit Zipped
- ☐ Harness/Carabineer/Shackle
- ☐ Buoyancy Compensator
- ☐ Regulator
- ☐ Depth Gauge/Pressure Gauge
- ☐ Octopus/Alternate Air
- ☐ Compass
- ☐ Gloves
- ☐ 2 Cutting Tools
- ☐ Weight System _____ lbs.
- ☐ Ankle Weights
- ☐ Fins
- ☐ Review Objectives
- ☐ Establish Initial Pattern
- ☐ Review Found Object Protocol
- ☐ Comm. Check/Review Line Signals
- ☐ Review Diver in Distress Protocol
- ☐ Review Emergency Procedures

Starting Tank Pressure (PSI): _____

Start Dive Time: _____

Max. Depth for Dive: _____

Tank Pressure: _____ PSI 5 Minutes

Tank Pressure: _____ PSI _____ Minutes

Tank Pressure: _____ PSI _____ Minutes

Ending Tank Pressure: _____

End Dive Time: _____

Max. Depth: _____

Total Dive Time: _____

Rapid Field Neuro Exam: ☐ Pos ☐ Neg

_____

Tender Signature

_____

Dive Supervisor Signature

Additional Notes/Observations:

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RAPID FIELD NEURO

Name: _____ Date: _____ Time: _____

		PRE-DIVE		POST-DIVE	
MENTAL STATUS (Does the Diver Know...)	Their Name	☐ Yes	☐ No	☐ Yes	☐ No
	Where They Are	☐ Yes	☐ No	☐ Yes	☐ No
	Time of Day	☐ Yes	☐ No	☐ Yes	☐ No
	Most Recent Activity	☐ Yes	☐ No	☐ Yes	☐ No
	Speech is Clear & Correct	☐ Yes	☐ No	☐ Yes	☐ No
SIGHT	Correctly Counts Fingers	☐ Yes	☐ No	☐ Yes	☐ No
	Vision is Clear	☐ Yes	☐ No	☐ Yes	☐ No
EYE MOVEMENTS	Move All 4 Directions	☐ Yes	☐ No	☐ Yes	☐ No
	Nystagmus Absent	☐ Yes	☐ No	☐ Yes	☐ No
	Teeth Clench, OK	☐ Yes	☐ No	☐ Yes	☐ No
FACIAL MOVEMENTS	Able to Wrinkle Forehead	☐ Yes	☐ No	☐ Yes	☐ No
	Tongue Moves in All 4 Directions	☐ Yes	☐ No	☐ Yes	☐ No
	Smile Symmetrical	☐ Yes	☐ No	☐ Yes	☐ No
HEAD/SHOULDER MOVEMENTS	Swallow / "Adams's Apple" Moves	☐ Yes	☐ No	☐ Yes	☐ No
	Shoulder Shrug Normal, Equal	☐ Yes	☐ No	☐ Yes	☐ No
	Head Movements Normal, Equal	☐ Yes	☐ No	☐ Yes	☐ No
HEARING	Normal for the Diver	☐ Yes	☐ No	☐ Yes	☐ No
	Equal in Both Ears	☐ Yes	☐ No	☐ Yes	☐ No
SENSATIONS (Present, Normal & Symmetrical)	Face	☐ Yes	☐ No	☐ Yes	☐ No
	Chest	☐ Yes	☐ No	☐ Yes	☐ No
	Abdomen	☐ Yes	☐ No	☐ Yes	☐ No
	Arms	☐ Yes	☐ No	☐ Yes	☐ No
	Hands	☐ Yes	☐ No	☐ Yes	☐ No
	Legs	☐ Yes	☐ No	☐ Yes	☐ No
	Feet	☐ Yes	☐ No	☐ Yes	☐ No
	Buttocks	☐ Yes	☐ No	☐ Yes	☐ No
MUSCLE TONE (Present, Normal & Symmetrical)	Arms	☐ Yes	☐ No	☐ Yes	☐ No
	Legs	☐ Yes	☐ No	☐ Yes	☐ No
	Hand Grips	☐ Yes	☐ No	☐ Yes	☐ No
	Feet	☐ Yes	☐ No	☐ Yes	☐ No
BALANCE & COORDINATION	Romberg, OK?	☐ Yes	☐ No	☐ Yes	☐ No
	Heel/Shin Side, OK?	☐ Yes	☐ No	☐ Yes	☐ No
	Alternating Hand Movements, OK?	☐ Yes	☐ No	☐ Yes	☐ No
VITAL SIGNS	B/P _____	☐ Yes	☐ No	☐ Yes	☐ No
	Pulse/Respirations _____	☐ Yes	☐ No	☐ Yes	☐ No