



THE  
UNIVERSITY  
OF RHODE ISLAND

THINK BIG  WE DO

# 2020 URI in Bermuda Program Student Diving Information Packet

**Upload all documents to your URI Abroad account by:**

**April 15, 2020**

**Office of International Education  
International Center  
37 Lower College Rd.  
Kingston, RI 02881**

**web.uri.edu/global  
tel. 401-874-2395  
e-mail: oie@etal.uri.edu**

## **Checklist**

### **Forms attached**

- BIOS Diver Registration Form
- BIOS Scuba Waiver
- BIOS Release and Assumption of Risk
- BIOS Media Release Form
- BIOS Boat/Scuba Regulations
- URI Statement of Safe Diving Practices
- URI Waiver/Release and Indemnity Agreement

### **Additional documentation to be submitted**

- Photocopy of Certification Card (front and back)
- Photocopy of Receipt for New Regulator or Receipt Demonstrating Regulator Service within the Past 12 Months
- Photocopy of Dive Log
- Photocopy Divers Alert Network (DAN) Dive Accident

### **Insurance/ Insurance Card**

DAN enrollment must include the time period between May 8th and December 15th, 2020

### **Info sheets attached – to prepare for diving in Bermuda**

- Water Temperature and Wetsuits
- Required Equipment



## Diver Registration

### Personal Information:

Name: \_\_\_\_\_

Position (Scientist, Intern, Student, etc.): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Phone (day): \_\_\_\_\_ Phone (night): \_\_\_\_\_ Fax: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_

### Recreational Diving Certifications:

Agency	Certification Level	Date	Location	Instructor and Number
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_____	_____	_____	_____	_____
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### Scientific Diving Certifications:

University, State, Federal or Private Organization: \_\_\_\_\_

Date Certified From: \_\_\_\_\_ To: \_\_\_\_\_ Depth: \_\_\_\_\_ Diving Officer: \_\_\_\_\_

### Related Certifications:

	Agency	Level	Date(Initial)	Date(Current)
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CPR	_____	_____	_____	_____
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First Aid	_____	_____	_____	_____
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Oxygen Training	_____	_____	_____	_____
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Lifesaving	_____	_____	_____	_____
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**Diving Experience:**

Total number of SCUBA Dives: \_\_\_\_\_ Total Hours Underwater: \_\_\_\_\_ Maximum Depth: \_\_\_\_\_

Maximum Depth (in last 12 months): \_\_\_\_\_ Number of Dives (last 12 months): \_\_\_\_\_

Cumulative total of dives per depth:

0-30' \_\_\_\_\_ 31-60' \_\_\_\_\_ 61-100' \_\_\_\_\_ 101-130' \_\_\_\_\_ 131-150' \_\_\_\_\_ 151-190' \_\_\_\_\_

Mark an "X" in the areas in which you have had some diving experience and an "XX" indicating considerable experience:

<input type="checkbox"/> Salt water	<input type="checkbox"/> Fresh water	<input type="checkbox"/> Low visibility	<input type="checkbox"/> Currents	<input type="checkbox"/> S & Recovery
<input type="checkbox"/> Kelp	<input type="checkbox"/> Shore	<input type="checkbox"/> Altitude	<input type="checkbox"/> Photo/Video	<input type="checkbox"/> Cold Water
<input type="checkbox"/> Dry suit	<input type="checkbox"/> Commercial	<input type="checkbox"/> Wreck	<input type="checkbox"/> Surface supplied	<input type="checkbox"/> Navigation
<input type="checkbox"/> Ice diving	<input type="checkbox"/> Saturation	<input type="checkbox"/> Mixed gas	<input type="checkbox"/> Cave diving	<input type="checkbox"/> Boat
<input type="checkbox"/> Night diving	<input type="checkbox"/> Blue water	<input type="checkbox"/> Dive computer	<input type="checkbox"/> Decompression	

Additional Experience: (eg. Chamber operator, Diving Medical Technician):  
\_\_\_\_\_

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**\*\*Please include a photocopy of your current dive certification, 1<sup>st</sup> aid/CPR/O<sub>2</sub> certifications (if any) and log of last twelve dives\*\***

**Diving Equipment:**

Item	Brand	Serial No.	Date purchased	Last inspected
Regulator	_____	_____	_____	_____
Octopus	_____	_____	_____	_____
Pressure gauge	_____	_____	_____	_____
Depth gauge	_____	_____	_____	_____
Dive Computer	_____	_____	_____	_____
BCD	_____	_____	_____	_____

**Emergency Information:**

(Person to notify in case of emergency)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Telephone: \_\_\_\_\_



**Dive Safety Office Use Only. Do not write below this line.**

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	Date	Verified By	Comments
Physical Examination	_____	_____	_____
Scientific Diver Written Exam	_____	_____	_____
CPR Certification	_____	_____	_____
Oxygen Administration	_____	_____	_____
12 Logged Dives	_____	_____	_____
Swimming Skills	_____	_____	_____
Checkout Dive	_____	_____	_____
Qualification Dive Depth	_____	_____	_____

**Qualification Dive Skills:** Dive plan, buddy check, water entry, surface kick 400 yards, descend to/ascent from depth of certification at appropriate rate, regulator retrieval, mask clear, alternate air sharing, buddy breathing, emergency exhaling ascent, BC and weight belt removal/replacement at depth and at surface, surface buoyancy, neutral buoyancy at depth, navigation and 3-5 minute stop at 10-20 feet.

NOTE: All divers must comply with the appropriate diving standards for their type of diving as set down in the BIOS Diving Safety Manual.

For assistance please contact:  
Alex Hunter  
Diving Safety Officer and Small Boats Manager  
Tel: (441) 297-1880 Ext. 245  
E-mail: alex.hunter@bios.edu



## SCUBA Waiver

THIS AGREEMENT made the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ BETWEEN (1) \_\_\_\_\_ of (2) \_\_\_\_\_ (hereinafter called "the User") and the BERMUDA INSTITUTE OF OCEAN SCIENCES, incorporated under the laws of the State of New York in the United States of America (hereinafter called "BIOS").

WHEREBY IT IS AGREED that in consideration of BIOS making available to the User the boats, diving gear and other equipment relating thereto, belonging thereto, or in the possession of BIOS, and in reliance upon the statement of the User that he/she is a qualified SCUBA diver with a valid diving certificate issued by (3) \_\_\_\_\_ numbered (4) \_\_\_\_\_ and with \_\_\_\_\_ years' experience, with \_\_\_\_\_ open water dives, the User hereby for himself, his heirs, his personal representatives and dependents, hereby releases, discharges and agrees to hold harmless BIOS, its successors and assigns and its trustees, directors, officers, employees, representatives and authorized agents (individually or collectively) from all actions, proceedings, claims and demands that the User, his heirs, personal representatives and dependents may have for injury (including injury resulting in death) however caused or sustained by the User and for the loss of or damage (however caused) to his personal belongings suffered while using the boats, diving gear or other equipment relating thereto belonging to or in the possession of BIOS, including, but not limited to, such injury, loss or damage resulting directly or indirectly from negligence or failure to take reasonable care to see that the User will be reasonably safe, of BIOS, its trustees, directors, officers, employees, representatives or authorized agents, from the malfunction of diving gear or other equipment, and from operation, use, loading, unloading or unseaworthiness of boats or other watercraft owned, maintained or operated by BIOS.

The User confirms that he/she has read and agrees to obey the diving regulations of BIOS (contained in the BIOS Standards for Scientific Diving Manual) and realizes that he/she is ultimately responsible for his/her own safety. It is clearly the diver's responsibility to refuse to dive if, in his/her judgment, conditions are unsafe.

IN WITNESS THEREOF the parties have signed this agreement the day and year first written above.

Bermuda Institute of Ocean Sciences

by:

\_\_\_\_\_  
(BIOS Representative sign)

\_\_\_\_\_  
(BIOS Rep. Print Name)

\_\_\_\_\_  
User (PLEASE PRINT NAME)

\_\_\_\_\_/\_\_\_\_\_  
User (signature) / (date)

\_\_\_\_\_/\_\_\_\_\_  
Witness for User (please print name /sign)

You are required to produce a diver certification card, a copy of which will be kept on file at BIOS and a diver log book verifying your dives. If user is a minor, parent(s) or legal guardian(s) must also sign.

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Parent(s) or Guardians(s) names (please print)

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Parent(s) or Guardian(s) (signatures)

**KEY:**

(1) User's Name (printed)

(2) User's organization name (printed)

(3) Certifying organization name

(4) Certification Number

## Release and Assumption of Risk Form

TO: The Bermuda Institute of Ocean Sciences, its Board of Trustees, Officers, Employees, and Agents ("RELEASEES")

PRINT YOUR NAME: \_\_\_\_\_

I wish to participate in activities (for example, but not limited to: science, research, education, recreation, volunteering, transportation, accomodation, dining and other activities; hereinafter referred to as the "Activities") in conjunction with the Bermuda Institute of Ocean Sciences; and I fully understand and appreciate that certain hazards and risks may occur, including but not limited to: exposure to hazards and risks of property damage, accident, suffering, illness and death; SCUBA and Rebreather diving; snorkeling; transportation by air, land or sea; dock operations; laboratory operations; exposure to weather, humans, animals, plants, other life forms, natural and artificial structures, foods, drinks, irritants, allergens, toxins, minerals, chemicals, equipment, surfaces, furniture, fixtures, fittings, temperatures and radiation.

Being aware of the hazards and risks of such Activities, and in consideration of being permitted to participate in the Activities, on behalf of myself, my family, dependents, heirs, estate, personal representatives and assigns, I, the undersigned, agree to assume all the risks and responsibilities involved with and relating to my participation in the Activities, I confirm that I have adequate personal medical/travel insurance for the Activities and I release, waive, forever discharge, and covenant not to sue or prosecute RELEASEES for any and all liability for any harm, injury, damage, claims, demands, actions, causes of action, costs and expenses of any nature, whether caused by the negligence or carelessness of the RELEASEES, or otherwise, that may hereafter accrue to myself, my family, dependents, heirs, estate, personal representatives and assigns, arising out of or related to any loss, damage or injury, including, but not limited to suffering, death, disability and economic loss, that may be sustained by me or others during or in conjunction with the Activities.

It is my express intent that this Agreement shall bind myself, my family, dependents, heirs, estate, personal representatives and assigns, and shall be deemed as a release, waiver, discharge, and covenant not to sue RELEASEES. I further agree to save and hold harmless, indemnify, and defend RELEASEES from any claim by myself, my family, dependents, heirs, estate, personal representatives and heirs, arising out of my participation in any Activities.

I understand that the acceptance of this release and waiver of liability by the RELEASEES shall not constitute nor be construed as a waiver, in whole or in part, of any rights by said RELEASEES. I agree that, in the event that any part of this Agreement is determined to be unenforceable or ineffective, it shall not affect the continuation and enforceability of other parts of this Agreement as a whole.

In signing this release, I acknowledge and represent that I have fully informed myself of the content of this Agreement by reading it before I sign it, and I understand that I sign this document as my own free act and deed. I understand that the RELEASEES do not require me to participate in any Activities, but I want to do so despite the possible hazards and risks and despite this release. I further state that I am at least 18 years of age and fully competent to sign this Agreement or, if I am under 18 years of age that I have received the permission of my parent or legal guardian, who will also sign this Agreement, and that I execute this release for full adequate and complete consideration fully intending to be bound hereby.

This Agreement is subject to Bermuda Law and the exclusive jurisdiction of the Courts of Bermuda.

**THIS IS A RELEASE OF LEGAL RIGHTS. READ AND BE CERTAIN THAT YOU UNDERSTAND IT BEFORE SIGNING.**

\_\_\_\_\_  
Name of Participant (please print)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Signature of Participant (if over 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Name of Parent/Guardian (if under 18)

\_\_\_\_\_  
Signature of Parent/Guardian

**In case of accident or illness notify:**

\_\_\_\_\_  
Name, Relationship, Address

\_\_\_\_\_  
Phone Number

***This form must be completed, signed, and returned to either BIOS Education [education@bios.edu](mailto:education@bios.edu) or to the BIOS Reservations Office [jane.burrows@bios.edu](mailto:jane.burrows@bios.edu) as appropriate.***



## Media Release Form

The intention of this document is to advise you of the use of still and video photography during BIOS education programs, and to obtain your consent to use your name, likeness, and testimonial(s) as a part of our educational outreach efforts.

All media resources (still images, video, and audio) will remain the property of BIOS and will not be used by BIOS or its representatives for any commercial value or to receive monetary gain. Finished video clips and still images may be made available on the BIOS website and social media accounts, as well as incorporated into presentations and both digital and printed promotional materials.

**Please read the statement below and indicate, by checking the appropriate response, whether you do/do not grant permission for BIOS to include your name and likeness (including video, audio, and still images of you), as well as testimonials that you voluntarily provide to BIOS, in our promotional and educational materials.**

I, \_\_\_\_\_, hereby \_\_\_ do/ \_\_\_ do not (please check one) give permission for the Bermuda Institute of Ocean Sciences (BIOS), Inc. to photograph, videotape, and/or record \_\_\_\_\_ (your name) during BIOS education programs and to use this material and any testimonials I willingly provide, along with my name, for educational and promotional purposes.

I hereby waive any right to inspect or approve the finished photographs or electronic matter that may be used now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to use of the image. I further release and relieve BIOS, its Board of Trustees, employees, and other representatives from any liabilities, known or unknown, arising out of the use of this material.

\_\_\_\_\_  
Signature of Parent/Guardian (if participant is under 18)

\_\_\_\_\_  
Date

OR

\_\_\_\_\_  
Signature of Participant (if participant is 18 or over)

\_\_\_\_\_  
Date

***This form must be completed, signed, and returned to either [BIOS Education](#) or to the [BIOS Reservations Office](#) as appropriate.***



## Boat and SCUBA Regulations

Users of Bermuda Institute of Ocean Sciences (BIOS) boats are hereby warned that they use these boats at their own risk and that by using the boats do agree to abide by the following regulations laid down for their safety and convenience by BIOS:

1. **The Captain's word is final on all matters of safety and boat operation.**
2. Nobody will go overboard (even while alongside the dock) without the permission of the Captain or Diving Supervisor.
3. Nothing is to be put in the water without the Captain's knowledge and approval.
4. Nobody is to interfere with switches, valves, dials, blocks, radios, echo sounders, Loran receivers, radars, or any other equipment unless expressly asked to do so by the Captain.
5. Strict attention is to be paid to the safety review given at the beginning of your first trip on a BIOS boat. It will inform you of the safety equipment on the vessel and how it is to be used in case of an emergency. If you do not understand how the equipment functions it is your responsibility to ask the Captain to clarify its use.
6. **Smoking is strictly prohibited in the enclosed areas of the boats.**
7. Alcoholic beverages are not allowed on any BIOS vessel at any time.
8. Under normal circumstances PASSENGERS are not permitted on foredecks or wheelhouse roofs while vessels are underway.
9. Passengers should avoid distracting the Captain while he/she is negotiating bridges, channels etc.
10. **Divers and snorkelers are not allowed in the wheel house in wet equipment (wet suits, etc.) without the express permission of the Captain. Salt water destroys boat interiors.**
11. All passengers must, during docking procedures, stand back from the railing to allow the crew to work lines. All hands and feet must be kept inside the vessel at all times, and especially when vessel is approaching docks, bridges, other vessels, etc.
12. **Sea sickness is best tolerated on deck in the fresh air. On no account should you use the head if you are sea sick. If you feel sick you should move to the side of the vessel towards the stern and down wind.**
13. Do not disembark until the Captain or Dive Supervisor gives permission. Remove your equipment promptly from the vessel.
14. No diving is permitted at BIOS until the appropriate papers have been signed and filed with the Diving Safety Officer (DSO) and a check out dive has been completed by the DSO or his appointed assistant.
15. No diving is permitted from BIOS boats, at the BIOS dock areas, or with BIOS equipment without notification of the Diving Safety Officer.
16. **All SCUBA diving, snorkeling and swimming shall be conducted using the buddy system.**
17. Obey all rules and regulations regarding specimen or artifact collecting posted on the boats and available from the BIOS Library.
18. Secure all equipment safely to prevent injury.



19. The individual diver must realize that she/he is ultimately responsible for her/his own safety. It is clearly the diver's responsibility to refuse to dive if in her/his judgment, conditions are unsafe.

20. **Do not enter the water unless you are sure of the time, depth and air supply constraints on your activity.**

21. The following is a list of equipment that each diver must have:

- |   |   |
|---|---|
| a. Mask, fins, snorkel                              | e. Time keeping device                            |
| b. Regulator with alternate air source<br>(Octopus) | f. Whistle  |
| c. Submersible pressure gauge                       | g. Log book                                       |
| d. Depth gauge                                      | h. Light(s) primary and cylume (night dives only) |

**BIOS only supplies tanks and weight belts. All other equipment should be obtained prior to coming to Bermuda.** (There is no diving gear available for rent in Bermuda unless you dive with a local dive operator.)

22. **Should it be necessary to recall divers, snorkelers, and/or swimmers to the boat, the boats are equipped with a recall device that will emit a loud tone into the water or vocal messages may also be used. Upon hearing this signal you should immediately return to the boat. This may result from an emergency or an impending emergency such as bad weather approaching.**

I, \_\_\_\_\_ (PRINT NAME) HAVE READ AND UNDERSTAND THE ABOVE REGULATIONS GOVERNING THE USE OF, AND CONDUCT ON, BERMUDA INSTITUTE OF OCEAN SCIENCES VESSELS AND AGREE TO COMPLY WITH THESE REGULATIONS. I ALSO UNDERSTAND THAT FAILURE TO FOLLOW THESE REGULATIONS, FROM BEING ON BOARD A VESSEL TO CARELESSNESS DUE TO ACTIVITY OR EQUIPMENT HANDLING AT SEA, COULD RESULT IN PERSONAL INJURY TO ME OR A MEMBER OF MY GROUP.

\_\_\_\_\_(Signature) \_\_\_\_\_(Date)

**\*\*NOTES TO CHARTERERS:** To save misunderstanding, please make sure the trip log has been filled out and signed promptly after docking at BIOS.

**Departing and Docking:** You will be charged from the time you have signed up for the boat **NOT** when it leaves the dock unless the delayed departure is due to BIOS staff or equipment. Also you may be charged a cancellation fee if you cancel less than the day before a proposed trip unless it is a weather call, which will be confirmed by the Dive Master or Captain.





**PLEASE READ THIS DOCUMENT CAREFULLY and INITIAL NEXT TO EACH PARAGRAPH ON THE LINES PROVIDED. AFTER YOU HAVE CAREFULLY READ and UNDERSTAND THIS DOCUMENT, PLEASE SIGN BELOW. IF YOU HAVE ANY QUESTIONS or CONCERNS RELATIVE TO ANYTHING ON THIS DOCUMENT, PLEASE DISCUSS IT WITH THE DIVING SAFETY OFFICER BEFORE YOU FULLY SIGN and EXECUTE THIS DOCUMENT.**

The undersigned hereby holds harmless and releases and forever discharges the Rhode Island Board of Education, Council of Post-Secondary Education, the University of Rhode Island, and the State of Rhode Island, their officers, assistants, employees, agents, assigns, successors, heirs, representatives, or executors and administrators thereof, or any other person(s) acting on behalf of or in the name of the University of Rhode Island, The RI Board of Education, and the State of Rhode Island ("hereinafter referred to as "Released Parties") from any and all losses, liabilities, claims or demands of any kind (including without limitation workers compensation, personal and bodily injury, including death, and property damage), which the undersigned or his or her legal representatives, has or may in the future have, whether known or unknown, arising out of the his/her participation in the URI Dive Training Program (the "Diving Classes or Activity"). This Release is binding on the participant's legal representatives, heirs and assigns. Each person signing this Release acknowledges they will assume the risk of the participant attending and/or participating in the named activity.

\_\_\_\_ I hereby acknowledge and affirm that I have been advised and thoroughly informed of the inherent hazards and risks of scuba diving activities and that I am voluntarily participating in these activities with knowledge of the danger involved. By my initials, I hereby agree to accept and assume any and all risks of injury or death.

\_\_\_\_ I understand that diving with compressed air or oxygen enriched air (nitrox) involves certain inherent risks including decompression sickness, embolism, oxygen toxicity, inert gas narcosis, marine life injuries or other barotrauma/hyperbaric injuries can occur that require treatment in a recompression chamber. I further understand that the open water dives, which are necessary for training and certification, may be conducted at a site that is remote, either by time of distance or both, from such a recompression chamber. By my initials, I hereby choose to proceed with such instructional dives in spite of the possible absence of a recompression chamber in proximity to the dive site.

\_\_\_\_ I understand and agree that neither my Instructor(s), the facility through which I received my Instruction, or any "Released Parties" may be held liable or responsible in any way for any injury, death, or other damages to me or my family, heirs, or assigns that may occur as a result of my participation in the Diving Classes or Activity, unless caused solely by the gross negligence or intentional act or omission of the Released Parties. By my initials, I hereby acknowledge my understanding of this release.

\_\_\_\_ In consideration of being allowed to participate in the Diving Classes or Activity, I hereby personally assume all risks of any harm, injury, or damage that may befall me while I am enrolled as a student/trainee, including all risks connected therewith, whether foreseen or unforeseen. By my initials, I hereby agree to accept any and all risks of injury or death.

\_\_\_\_ I further agree to save, defend, indemnify, and hold harmless said Released Parties from any claim or lawsuit by me, anyone purporting to act on my behalf, my family, estate, heirs or assigns, arising directly or indirectly out of my enrollment and participation in the Diving Classes or Activity including both claims arising during the course or after I receive my certification even if such claims may be groundless, false or fraudulent. By my initials, I hereby acknowledge my understanding of this release.

\_\_\_\_ I also understand that diving activities are physically strenuous and that I will be exerting myself during the Diving Classes or Activity, and that if I am injured as a result of heart attack, panic, hyperventilation, oxygen toxicity, inert gas narcosis, drowning, etc. that I expressly assume the risk of said injuries and except as otherwise provided herein, that I will not hold the above listed "Released Parties" for the same, and I agree to defend, indemnify, and hold harmless the Released Parties for any such injuries incurred by me. By my initials, I hereby acknowledge my understanding of this release.

\_\_\_\_ By my initials, I understand that these activities may place me in deeper water than I am able to safely execute a free (without breathing gas) ascent from.





## Water Temperature and Wetsuits

The water temperature changes quite a bit during the year at BIOS and can change rather drastically during a single semester. Water temperatures are approximately:

- **January:** 65 F/18 C
- **May:** 70 F/21 C
- **August:** 84 F/29 C
- **October:** 77 F/25 C
- **December:** 68 F/20 C

We do not have wetsuits available on station for loan and they are rather expensive to buy/rent here in Bermuda so please bring what you need. Here are some guidelines to help you purchase (or borrow/rent) a wetsuit suitable for diving or snorkeling in Bermuda (Note: the 3, 5 and 7mm numbers refer to thickness of the wetsuit material):

- **January to March:** at least a 5mm, up to a 7mm (if you get cold easily); should also consider a hood/hooded vest
- **April-June:** 5mm with a hooded vest for the colder side of the season
- **July-September:** 3mm or shortie type suit
- **October-December:** 5mm with a hooded vest for the colder side of the season

Remember that approximately 70% of body heat is lost through your head. Use of a hooded vest, a hood, or a beanie, are great ways to add warmth at a relatively low price. Hooded vests are more suited to winter months, hoods for spring/fall months, and a beanie for summer.

People's idea of cold is highly subjective. There is a saying in Bermuda; Bermudians swim from May to September, Americans swim from April to October, and the English swim year round. Please try to adjust your wetsuit purchases accordingly.

For further information please contact:

Alex Hunter

Diving Safety Officer and Small Boats Manager

Tel: (441) 297-1880 Ext. 245

E-mail: [alex.hunter@bios.edu](mailto:alex.hunter@bios.edu)



## Required Equipment

### Required:

- Dive computer
- Buoyancy compensator
- Regulator
- Alternate air source
- Pressure gauge
- Depth gauge
- Mask
- Fins
- Snorkel
- Wetsuit (5mm recommended)
- Timing device
- Dive tables
- Underwater compass
- Dive knife
- Whistle and mirror
- Logbook

### Optional:

- Underwater camera
- Underwater slates
- Rash guard (recommended)
- Dive light

### DO NOT BRING:

- Weights
- Scuba cylinders
- Gloves

For further information please contact:

Alex Hunter

Diving Safety Officer and Small Boats Manager

Tel: (441) 297-1880 Ext. 245

E-mail: alex.hunter@bios.edu