

# Scuba Diving Adventure Risk Assessment Form

## Diver Information

Full Name

Date

Contact Number

Certification Level

Number of Previous Dives

## Dive Details

Dive Location

Planned Maximum Depth (meters)

Planned Dive Time (minutes)

Dive Buddy Name

## Identified Risks

List potential risks identified for this dive

## Control Measures

Control measures to minimize identified risks

## Medical & Equipment Checks

☐ Medical conditions checked

☐ Equipment inspected and tested

☐ Dive procedures briefed

Additional Comments / Remarks

Diver Signature

Assessor Signature

Date