

DIVING CONTRACTOR AUDIT REPORT

Chapter I: Contractor's Information

1. GENERAL INFORMATION	
Contractor's Name	
Contractor's Address	
Contractor's Telephone	
Contractor's Facsimile	
Contractor's Email	
Contractor's Website	
Business License Number	
Contractor's Business Scope	
Organization Chart	(Copy for attached)
President or General Manager's Name	
Safety Manager's Name	
QA/QC Manager's Name	
Diving Manager's Name	
Diving Supervisors' Names	
Number of Divers	
Number of Tenders	
Number of Other Personnel	
Others	

DIVING CONTRACTOR AUDIT REPORT

Chapter II: Personnel Requirements

1. DIVING SUPERVISORS			
ITEM	DESCRIPTION	AUDIT RESPONSE	REMARK
1	Formal Supervisor Training Course	Yes <input type="checkbox"/> No <input type="checkbox"/>	
2	Supervisor Certification	Yes <input type="checkbox"/> No <input type="checkbox"/>	
3	Supervisor Appointment Letter	Yes <input type="checkbox"/> No <input type="checkbox"/>	
4	Number and Valid Date of Other Certifications or Required Documentation	Yes <input type="checkbox"/> No <input type="checkbox"/>	
5	Health Certificate and Valid Current Physical	Yes <input type="checkbox"/> No <input type="checkbox"/>	
2. DIVERS			
ITEM	DESCRIPTION	AUDIT RESPONSE	REMARK
1	Formal Diver Training Course	Yes <input type="checkbox"/> No <input type="checkbox"/>	
2	Diver Certification	Yes <input type="checkbox"/> No <input type="checkbox"/>	
3	Current Diving Physical: Fit for Diving?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
4	Number and Valid Date of Other Certifications or Required Documentation	Yes <input type="checkbox"/> No <input type="checkbox"/>	
5	NDT Certificate (if needed)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
6	Welding Certificate (if needed)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
7	Water-jetting Operating Certificate (if needed)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
8	H2S Training Certificate (if needed)	Yes <input type="checkbox"/> No <input type="checkbox"/>	

DIVING CONTRACTOR AUDIT REPORT

Chapter III: Equipment and System

SCOPE				
Maintenance Records of Life-support Equipment				
ITEM	DESCRIPTION	DIVING OPERATIONS REQUIREMENT	AUDIT RESPONSE	REMARK
1	Equipment Logs	Suitable equipment logs must be established and maintained in a correct and current condition.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
2	Unique Identity	All equipment must have a unique identity traceable to the equipment log.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
3	Content of Entries	Entries made in the equipment log must describe the nature of the work performed, including the dates of modification, repair or test; the name of the individual performing the work or test; and the particular piece of equipment involved.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
4	Signature	Any equipment repair and maintenance must be signed by divers or technicians.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
5	Instruction	Inspection and maintenance for any helmets or masks must be in accordance with instruction of manufacturer.	Yes <input type="checkbox"/> No <input type="checkbox"/>	

DIVER'S DRESS				
Dry Suits				
ITEM	DESCRIPTION	DIVING OPERATIONS REQUIREMENT	AUDIT RESPONSE	REMARK
1	Preventing Over-inflation Device	If fitted with valves, have a means of preventing over-inflation, which could result in an uncontrolled ascent.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
2	Material	Be constructed of material suitable to the environment in which it is to be used.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
3	Environmental Protection	Protect the diver from the environment, whether temperature or hazardous material.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Hot Water Suits				
1	Water Flow	Flow sufficient water to maintain the diver in thermal balance at the desired temperature.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
2	Temperature Withstanding	Be capable of withstanding operating temperature.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
3	Bypass Device	Have a means to allow the diver to bypass incoming water prior to it entering the suit.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
4	Backup System	If diving in extreme environment, have a backup hot water supply, or alternatively, terminate the dive immediately and bring the diver to the surface if hot water supply is lost.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Harnesses				
1	Material	Be made of material of suitable strength to lift the diver and his/her equipment from the water.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
2	Quick-release Device	Have a mechanical quick-release between the harness and the umbilical.	Yes <input type="checkbox"/> No <input type="checkbox"/>	

3	Strain-protection Construction	Be constructed and fitted to prevent an unconscious diver from slipping free of the harness or from a strain being placed on mask or helmet.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
4	Usage	Not be used as a weight belt.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
5	Prevent Restriction of Diver's Breathing	Be designed to prevent restriction of the diver's breathing when his/her full weight is supported by the harness. Complies with ADCI current guidelines. (CS 6.1, Section 6.3.4)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Weight Belts				
1	Weight	Be of sufficient weight to maintain the diver at working depth.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
2	Usage	Not be used as an attachment for the diving umbilical.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
3	Release Buckle	Be equipped with an appropriate release buckle.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
4	Avoid Accidental Disengagement	Be attached to the diver in a manner to avoid accidental disengagement.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Diver-worn or Carried Emergency Gas (Bailout)				
1	Suitability	Be manufactured to recognized codes or standards. (CS 6, 6.3.6)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
2	Cylinder Overpressure Relief Disk	Be equipped with an overpressure relief device	Yes <input type="checkbox"/> No <input type="checkbox"/>	
3	Annual Inspection	Be inspected internally and externally for damage or corrosion within 1 year.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
4	Hydrostatic Testing and Stamp	Be hydrostatically tested to the requirements of the code of manufacturer by an authorized test facility within 5 years and stamped with the date of test.	Yes <input type="checkbox"/> No <input type="checkbox"/>	

5	Record and Certificate	Have a unique identity with results of all tests being recorded or certified in the equipment log.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
6	Regulator	Have a regulator on the cylinder capable of delivering the proper pressure and flow to the diver's helmet or mask in accordance with the flow characteristics recommended by the helmet or mask manufacturer.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
7	Prevent Disengagement Device	Have a means of attachment to the helmet or mask that prevents accidental disengagement.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
8	Sufficient Capacity	Be of sufficient capacity to permit return of the diver to the surface or to the diving stage at a travel rate of 10 meters/minute.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
9	Sufficient Capacity	Capable of providing 4 minutes of EGS at depth.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
10	Appropriate Content	Be charged with an appropriate breathing gas mixture to accommodate mode of diving/depth requirement.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Helmets & Masks				
General				
ITEM	DESCRIPTION	DIVING OPERATIONS REQUIREMENT	AUDIT RESPONSE	REMARK
1	Suitability for Usage	Be appropriate for the task intended.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
2	Capability of Ventilation	Be capable of ventilating the required gas when supplied at the pressure recommended by the manufacturer of the equipment at any depth at which they are operated.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
3	PP CO ₂	Be capable of maintaining the diver's respired CO ₂ partial pressure below 0.02 ATA.	Yes <input type="checkbox"/> No <input type="checkbox"/>	

4	Communication	Be fitted with two-way communications	Yes <input type="checkbox"/> No <input type="checkbox"/>	
5	Non-return Valve	Be equipped with a non-return valve in the main gas supply that closes readily and positively. Have check valves with springs not exceeding 3 psi cracking pressure.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
6	Material	Be made of corrosion-resistant material.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
7	Over-pressure Protection	Be protected from over-pressurization.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
8	Marking	Each helmet or mask should have a unique serial number.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
9	Maintenance	Each helmet or mask must be subject to regular planned maintenance and a record of such maintenance should be available.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
10	Inspection and Testing	Inspection and function test at atmospheric pressure at least annually with record or certificate .	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Hoses				
Breathing Gas Hoses				
1	Burst Pressure	Have a minimum burst pressure equal to 4 times the maximum working pressure.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
2	Flow Rating	Flow rating to meet intended use.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
3	Connector Pressure	Connector pressure equal to or greater than the system on which they are installed.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
4	Material	Have fittings of corrosion-resistant material that cannot be accidentally disengaged.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
5	Collapse Prevention	Be kink-resistant or arranged to prevent kinking.	Yes <input type="checkbox"/> No <input type="checkbox"/>	

6	Annual Testing	Examine visually and pressure test to 1.5 times the design working pressure of the system, ADCI CS 6, 6.5.2.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
7	Testing After Repair	Examine visually, pressure and pull test after initial construction and after each repair and alteration with record.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
8	Suitability	Be suitable for breathing gas service.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Umbilical's				
ITEM	DESCRIPTION	DIVING OPERATIONS REQUIREMENT	AUDIT RESPONSE	REMARK
1	Burst Pressure	Have a minimum burst pressure equal to 4 times the maximum working pressure.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
2	Flow Rating	Flow rating not less than the system in which it is installed or used and suitable for the service intended.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
3	Connector Pressure	Connector pressure equal to or greater than the system on which they are installed.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
4	Material	Have fittings of corrosion-resistant material that cannot be accidentally disengaged.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
5	Collapse Prevention	Be collapse-resistant or arranged to prevent collapse.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
6	Annual Testing	Examine visually and pressure test to 1.5 times the design working pressure of the system with a 200 pound axial load applied on fittings while initial test pressure is applied, ADCI CS 6, 6.5.2 (4)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
7	Testing After Repair	Examine visually, pressure and pull test after initial construction and after each repair and alteration with record.	Yes <input type="checkbox"/> No <input type="checkbox"/>	

8	Marking	Umbilical must be marked for length using a recognized system that allows easy visual identification of the length paid out.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
9	Maintenance Plan	Be marked with a unique identity and subjected to a planned maintenance program.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
10	Composition	Consist of a breathing gas hose, communications cable, a means of determining the diver's depth and an included strength member, when required.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
11	Material	Have a minimum member made of material unaffected by immersion in water for extended period.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
12	Minimum Break Strength	Have a minimum hose assembly break strength of 1,000 lbs.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
13	Security	The diver's end of the umbilical must be fitted with a means that allows it to be securely fastened to the diver's safety harness without putting any strain on the individual whip ends.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
14	Standby Diver	The umbilical assembly used for the standby diver must be of sufficient length to reach the primary diver at the farthest distance he/she can proceed from the dive station.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Oxygen Hoses for Breathing Gas				
1	Burst Pressure	Have a minimum burst pressure equal to 4 times the maximum working pressure	Yes <input type="checkbox"/> No <input type="checkbox"/>	
2	Flow Rating	Flow rating not less than the system in which it is installed or used and suitable for the service intended.	Yes <input type="checkbox"/> No <input type="checkbox"/>	

3	Connector Pressure	Connector pressure equal to or greater than the system on which they are installed.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
4	Material	Have fittings of corrosion-resistant material that cannot be accidentally disengaged.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
5	Collapse Prevention	Be collapse-resistant or arranged to prevent collapse.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
6	Annual Testing	Examine visually and pressure test to 1.5 times the design working pressure of the system, ADCI CS 6.1, 6.5.4.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
7	Testing After Repair	Examine visually, pressure and pull test after initial construction and after each repair or alteration.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
8	Oxygen Cleaning	Hose assemblies used in systems containing greater than 50% oxygen are to be cleaned for oxygen service.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
9	Marking	Hoses used for 100% oxygen service should be identified by a consistent color code or tagged "FOR OXYGEN USE ONLY."	Yes <input type="checkbox"/> No <input type="checkbox"/>	
10	Lubricants	Lubricants used to assemble fittings on hoses for oxygen service must be compatible with oxygen.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
11	Hose and Fittings	Hose and fittings must be brass or other alloys suitable for O ₂ use.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Compressor Systems				
Compressors & Gas Pumps for Life Support				
1	Personnel Protection	Have suitable personnel protection around rotating machinery.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
2	Instruction	Have the necessary instruction to facilitate operations	Yes <input type="checkbox"/> No <input type="checkbox"/>	

3	Suitability	Be of the proper type, pressure and flow rate, suitable for service intended.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
4	Pollution Protection	Have its air intake positioned to be clear of exhaust fumes and other contaminants.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
5	Piping	Have piping system in accordance with recognized codes of standards.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
6	Flexible Hoses	Have flexible hoses in accordance with "hoses requirement." ADCI CS 6, 6.5.1.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
7	Electrical Controls	Have electrical controls, wiring and drive units meeting the jurisdictional requirements when so equipped.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
8	Oxygen Transfer	Be cleaned for oxygen service when used with mixtures of greater than 50% oxygen and equipped using rising stem type valve.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
9	Access	Be easily accessible to diving personnel, both for routine maintenance and during an emergency.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Recording of Maintenance and Repairs				
ITEM	DESCRIPTION	DIVING OPERATIONS REQUIREMENT	AUDIT RESPONSE	REMARK
1	Entries of Repair	Entries must be made in the equipment log for all maintenance and repairs performed on the compressor and gas system.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
2	Quality Tests	Results of air quality tests must be retained to document their results and accomplishment.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
3	Unique Identity	Compressors must have a unique identity incorporating manufacturer, model, serial number, maximum rates outlet pressure, rated flow capacity and	Yes <input type="checkbox"/> No <input type="checkbox"/>	

		safety valve settings.		
4	Planned Maintenance	Compressor units must be subjected to planned maintenance.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Volume Tanks				
1	Manufacture	Be designed, fabricated, inspected, tested and certified in accordance with recognized codes or statutory or classification society requirements.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
2	Pressure Gauge	Be equipped with a pressure gauge.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
3	Check Valve	Be equipped with a check valve on the inlet side.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
4	Relief Valve	Be equipped with a relief valve as required by code of manufacturer.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
5	Drain Valve	Be equipped with condensate drain valve located at its lowest point.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
6	Annual Inspection	Be inspected internally and externally within 1 year for damage or corrosion with record .	Yes <input type="checkbox"/> No <input type="checkbox"/>	
7	Pneumatically Testing	Be pneumatically tested to maximum allowable working pressure (M.A.W.P.) within 1 year for the breathing mixture normally used with record .	Yes <input type="checkbox"/> No <input type="checkbox"/>	
8	Hydrostatic Testing	Be hydrostatically tested to 1.3 times maximum allowable working pressure (M.A.W.P.), ADCI CS 6, 6.11.1 (12) within 5 years or after any repair, modification or alteration to the pressure boundary and marked with the test date.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
9	Record and Certificate	Have a unique identity with results of all tests being recorded in the equipment log with certificate .	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Filtration				
1	Filters	Filters, when installed to prevent contamination, must meet or exceed the flow rate and pressure rating of the compressor or piping system in which they are installed and be able to deliver breathing gas in compliance with recognized purity standards for extended operation	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Air Purity Requirements				
ITEM	DESCRIPTION	DIVING OPERATIONS REQUIREMENT	AUDIT RESPONSE	REMARK
1	Quality Testing	All compressor, transfer pumps or booster pumps used for breathing air service must be subjected to a quality test in last 6 months.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
2	Selecting Point	Tests must be taken at the discharge point that would normally supply the breathing gas system, the diver's hose or cylinder fill point.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
3	Testing Record	Documentation of these tests must be kept on file and available upon request.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Diver Entry & Egress System				
Diving Ladder and Stage				
1	Capability	Be capable of supporting the weight of two divers plus their gear.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
2	Material	Be made of corrosion-resistant material or be maintained free corrosion.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
3	Purpose	Be suitable for the purpose intended	Yes <input type="checkbox"/> No <input type="checkbox"/>	
4	Ladder Length	Ladder must extend a minimum of 1 meter (3 feet) below surface where installed.	Yes <input type="checkbox"/> No <input type="checkbox"/>	

5	Safety Chain and Hand Holds	Stage be provided with a safety chain and internal hand holds for diver safety during launch and recovery.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
6	Cylinder and Regulator	Stage be provided with breathing gas cylinder and regulator for emergency breathing if required.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
PVHO Chamber				
Diving Pressure Vessels				
1	Manufacture	Equipment must be built in accordance with recognized regulations and codes and must be subject to a planned maintenance system.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
2	Annual Inspection	Each pressure vessel must be examined and tested for mechanical damage or deterioration and must likewise be examined and tested after any repair, modification or alternation within 1 year with record .	Yes <input type="checkbox"/> No <input type="checkbox"/>	
3	Pressure Testing	Each pressure vessel and piping must be pressure leak tested annually with Record to maximum allowable working pressure (M.A.W.P.) marked on the nameplate.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Decompression Chambers (DDC)				
ITEM	DESCRIPTION	DIVING OPERATIONS REQUIREMENT	AUDIT RESPONSE	REMARK
1	Accordance	Meet requirements of item 6.12.2.1.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
2	Type	Be twin-lock and / or multiple-place.	Yes <input type="checkbox"/> No <input type="checkbox"/>	

3	Dimension	Have sufficient internal dimensions to accommodate two persons lying in a horizontal position (except designated diving bells, transfer locks and emergency rescue chambers).	Yes <input type="checkbox"/> No <input type="checkbox"/>	
4	Ingress and Egress	Permit ingress and egress of personnel and equipment while the occupants remain pressurized.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
5	Locking Device Operating	Have a means of operating all installed man-way locking devices from both sides of a closed hatch, except disabled shipping dogs.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
6	Internal Illumination	Have illumination of the interior sufficient to allow operation of any controls and allow for visual observation, diagnosis or medical treatment.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
7	Visual Capability	Have a visual capability that allows the interior to be observed from the exterior.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
8	Pressure Capability	Have a minimum pressure capability of 6 ATA, or the maximum depth of the dive for dives deeper than 10 ATA.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
9	Pressurization Rate	Be capable of a minimum pressurization rate of 18.3 meters (60 feet) and at least 9 meters (30 feet) per minute thereafter.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
10	Decompression Rate	Be capable of a decompression rate of 9-10 meters (30 feet) per minute.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
11	Oxygen Concentration	Have a means to maintain an atmosphere below a level of 25% oxygen by volume, ADCI CS 6, 6.12.2.1 (11).	Yes <input type="checkbox"/> No <input type="checkbox"/>	
12	CO ₂ Concentration	Have a means of maintaining an atmosphere below 1% surface equivalent carbon dioxide by volume.	Yes <input type="checkbox"/> No <input type="checkbox"/>	

13	Mufflers or Silencers	Have mufflers/silencers on blow down and exhaust outlets.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
14	Suction Guards	Have suction guards on exhaust line openings inside each compartment.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
15	Piping Arrangement	Have piping arranged to ensure adequate circulation.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
16	Flexible Hoses	Have all installed flexible hoses meet the requirements of item 6.5: Hoses.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
17	Penetrations Mark	Have all penetrations clearly marked as to service.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
18	Regulation for Piping	Have piping in accordance with recognized codes/regulations or classification society to which it was built.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
19	Calibration for Depth Gauge	Have a calibration of each depth gauge within 6 months with certificates.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Decompression Chambers (DDC) <i>cont'd.</i>				
ITEM	DESCRIPTION	DIVING OPERATIONS REQUIREMENT	AUDIT RESPONSE	REMARK
20	Pressure-relief Device	Have a pressure-relief device as per recognized codes of construction.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
21	Relief-valve Pressure Testing	Have the relief valve pressure setting tested with 1 year with certificates.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
22	Breathing System	Have an installed breathing system with a minimum of one mask per occupant per lock plus one spare mask per lock. (In sat systems, more may be required). For DDC, minimum of two in inner lock and two for outer lock.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
23	Supply Capability of Breathing Gas	Have the capability to supply breathing mixtures at the maximum rate required by each occupant doing heavy work (4.5ACFM).	Yes <input type="checkbox"/> No <input type="checkbox"/>	

24	Non-return Valve	Have a non-return valve on through-hull penetrators supplying any built-in breathing system (BIBS).	Yes <input type="checkbox"/> No <input type="checkbox"/>	
25	Communication System	Have a two-way voice communication system between the occupants and the operator and also between other occupants in separate compartments of the same PVHO or an attached PVHO. There shall be a secondary means of communication.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
26	Extinguishing Fire	Be equipped with a readily available means for extinguishing fire.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
27	Electrical System	When fitted, have electrical systems designed for the environment in which they will operate.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
28	Exhaust Space	Chamber exhaust and BIBS should not vent into an enclosed space	Yes <input type="checkbox"/> No <input type="checkbox"/>	
29	External Illumination	The chamber, its general area and controls should be adequately illuminated for operations at night.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
30	Heat Buildup to Viewports	If external lights are used to illuminate the chamber internally, they must not be placed in a manner that subjects viewports to heat buildup.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
31	Communication s Between Two Locations	If the chamber is located away from the dive control station, there must be a suitable means of communications between the two locations.	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Gauges				
Gauges utilized with diving equipment or systems must:				
ITEM	DESCRIPTION	DIVING OPERATIONS REQUIREMENT	AUDIT RESPONSE	REMARK
1	Suitability	Be suitable for purpose intended.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
When used to indicate a diver's depth:				
2	Range and Graduation	Be of appropriate range and graduation.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
3	Consistent	Be graduated in units consistent with the decompression tables to be utilized.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
4	Calibration	Be calibrated to a known standard every 6 month with certificate	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Gauges utilized with diving equipment or systems must: cont'd.				
ITEM	DESCRIPTION	DIVING OPERATIONS REQUIREMENT	AUDIT RESPONSE	REMARK
5	Discrepancy	Be recalibrated when a discrepancy exists exceeding 2% of full scale.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
6	Calibration Mark	Be marked with a label, tag or sticker indicating date of last calibration and date due, which will not interfere with full-scale visibility.	Yes <input type="checkbox"/> No <input type="checkbox"/>	

7	Calibrations Log	Have calibrations documented in the equipment log .	Yes <input type="checkbox"/> No <input type="checkbox"/>	
8	Pressure-limiting Device	A pressure-limiting device may be fitted to gauges being over-pressurized.	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Timekeeping Devices				
Devices utilized to monitor a diver's exposure time under pressure must:				
1	Suitability	Be suitable for purpose and easily readable, and have suitable backup.	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Compressed Gas Equipment				
Gas Storage Cylinders and Tubes				
High-pressure gas cylinders or tubes must:				
1	Manufacture Standard	Be manufactured to recognized code or standard.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
2	Over-pressure Relief Device	Be equipped with an over-pressure relief device.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
3	Protection for Valve and Regulator	If rack-mounted into banks of cylinders or tubes, have valves and regulators protected from damage caused by falling objects.	Yes <input type="checkbox"/> No <input type="checkbox"/>	

4	Hydrostatic Testing and Stamp	Be hydrostatically tested according to manufacturer and/or regulatory authorities, and stamped with the test date.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
5	Annual Internal and External Inspection	Visually inspected internally and externally for damage or corrosion within 1 year if used underwater.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
6	Contents Label	Be labeled as to contents. Fire-hazard warning signs must be erected in the vicinity of stored oxygen.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
7	Storage	Be stored in a well-ventilated area, protected from overheating and secured from falling. Fire-warning signs must be erected in the vicinity of stored oxygen.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
8	Contents and Pressure Records	A record must be kept in a designated place of the contents and pressure of each cylinder, quad or bank. These records must be updated daily when the system is in use.	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Handling Systems				
General <i>Handling systems intended for the launch or recovery of a diver or divers between the surface dive location and the work location by either bell or stage must:</i>				
ITEM	DESCRIPTION	DIVING OPERATIONS REQUIREMENT	AUDIT RESPONSE	REMARK
1	Manufacture	Be designed, manufactured, installed and tested in accordance with applicable design codes, standards and regulations.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
2	Suitability	Be designed such that the drive system and not the brakes control operation under normal conditions.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
3	Brake Function	Be fitted with a mechanical brake capable of holding 1.25 times the safe working load of the winch.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
4	Brake Function	Be designed so that the load can be stopped and held in position if the power supply fails, is disengaged, is switched off, or if operating control is released.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
5	Controls	Have controls located or equipped to afford the operator both a view and control of the lifting operation.	Yes <input type="checkbox"/> No <input type="checkbox"/>	

6	Function Testing	After any installation, alteration repair or failure, be thoroughly examined and be functionally and load-tested to 1.25 times the safe working load of the handing system	Yes <input type="checkbox"/> No <input type="checkbox"/>	
7	Wire and Ropes	Have wire ropes and fittings that are installed, terminated and maintained in accordance with design criteria and/or manufacturer's recommendations.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
8	Inspection	Visually inspected every 6 months for damage, deterioration or deformation.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
9	Certificates	Periodically examined and tested to recognized applicable codes and standards.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
10	Working Load	Have wire ropes and fittings that are rated 8 times the system's safe working load.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
11	Spooling Device	Have a spooling arrangement fitted if fleeting angle exceeds 2 degrees.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
12	Man Rating Winch	Man rating winch has been equipped.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
13	Secondary Means of Recovery	Secondary system available for backup.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
14	Standby Diver's LARS	Standby diver's launch and recovery system.	Yes <input type="checkbox"/> No <input type="checkbox"/>	

DIVING CONTRACTORS' AUDIT REPORT

Chapter IV: Operation Procedures

ITEM	DESCRIPTION	DIVING OPERATIONS REQUIREMENT	AUDIT RESPONSE	REMARK
1	Safety Practices /Operations Manual	There must be a safe practices/operations manual at the job site.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
		The manual has met the requirement of the ADCI CS.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
		The manual contains related government regulations, safety procedures, checklists, assignments and responsibilities of diving personnel, equipment procedures and checklists, emergency procedures, etc.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
		The manual contains a definitive statement regarding the use of drugs or alcohol.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
2	Emergency Aid	Developed and maintained a contact list for emergency response.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
		The emergency contact list has been made available at the contractor's principal place of business and at the dive site.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
		The contact list includes decompression chamber, hospital, air or ground transportation, on-call diving physician, national rescue center, etc.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Two-way communications are available at the dive site as required.	Yes <input type="checkbox"/> No <input type="checkbox"/>	

3	First Aid	First aid supplies are appropriate and available for the type of operation being conducted.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
		First aid kit is readily accessible in a clearly marked container at the work site.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
		First aid handbook is available at the diving location.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
		A bag-type manual resuscitator/defibrillator is available at the diving location.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
		The first aid kit's contents meet with the ADCI recommendations.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
4	Planning and Assessment	There was a dive plan established for each operation.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
		The dive plan included a job safety analysis.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
		The dive plan included personnel assignments, tasks and responsibilities.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
		The dive plan included operational equipment preparation.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
		The dive plan included decompression procedure and treatment procedure.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
		The dive plan included all emergency procedures.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
5	Team Briefing	There was a safety meeting conducted before any dive operation.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
		During the meeting, dive team members were briefed on underwater tasks, safety procedures and any hazards, related to the underwater operation.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Before/after each dive, the diver's physical condition was reported and recorded.	Yes <input type="checkbox"/> No <input type="checkbox"/>	

6	Inspection of Systems, Equipment and Tolls	Checklists were used to confirm that the systems and equipment are in safe working order.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
7	Decompression Chamber	For any diving excess of 30 MSW/100 FSW, a chamber must be available and ready for use at the diving site.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
		The minimum capability of chamber must be not less than 6 ATA.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
		The chamber must be a dual-lock decompression chamber.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
8	Standby Diver	Standby diver must be assigned for any diving operation.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Prior to commencement of the operation, the standby diver's equipment must be fully verified as functioning correctly and thereafter maintained in that condition until completion of the diving.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
9	Warning Display	For areas that support marine traffic, an appropriate warning display must be exhibited near the work site so that it has all-around visibility.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
10	Reserve Breathing Supply	A diver-carried reserve breathing supply must be provided for all diving operations.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Diver-carried reserve breathing gas supplied must provide a positive indication to the diver that his/her reserve has been actuated (e.g., gauges, etc.).	Yes <input type="checkbox"/> No <input type="checkbox"/>	

11	Communications	There must be a properly functioning two-way audio-communication system between the diver and supervisor.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
		There must be a properly functioning two-way audio-communication system between the supervisor and others, such as winch operator, master, etc.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
12	Company Record of Dive	Diving contractor must establish and maintain a record of each diving operation.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
		The content of the record meets with ADCI CS requirements.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
13	Personal Protective Equipment	The appropriate protective equipment was worn when personnel were working at diving location.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
14	Job Hazard Analysis (JHA)	Provide a written document identifying hazards associated with each step of the job and ways to mitigate potential hazards.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Assign a specific person the responsibility of implementing the safety procedures or protection required.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
		The JHA must be reviewed and updated whenever new equipment, products or procedures are introduced into the work site.	Yes <input type="checkbox"/> No <input type="checkbox"/>	

15	Assignment and Responsibilities	Designate, in writing, a qualified person as diving supervisor to be in charge of each diving project.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Diving supervisor's responsibilities must be defined in writing.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Diver's responsibilities must be designated in writing.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Standby diver's responsibilities must be designated in writing.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Tender's responsibilities must be designated in writing.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
		LST's responsibilities must be designated in writing, if there is one assigned to the job.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Diving physician's responsibilities must be designated in writing, if there is one.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
16	Safety Procedure Checklist	Is there a pre-dive checklist that can show all safety precautions have been taken prior to dive operations?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
17	Equipment Procedure Checklist	Is there a pre-dive checklist that can show all equipment is operational ready?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Minimum Dive Team Member	The minimum number of personnel comprised a diving team is never less than three. (Careful consideration should be given to the location and scope of work to be performed to determine safe manning and equipment levels.)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Minimum Qualification of Personnel	Do diving personnel meet the minimum qualifications, as outlined in the ADCI CS?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Minimum Equipment	Does the contractor's equipment meet the minimum requirements, as outlined in the ADCI CS?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

18	Hand-held Power Tools	Does the contractor have operating procedures for hand-held power tools?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
19	Welding and Burning	Does the contractor have procedures for underwater welding and burning?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
20	Emergency Procedure	Does the contractor have any emergency procedures for loss of breathing media, loss of communications, etc.?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Does the emergency procedure satisfy the requirements of ADCI CS?	Yes <input type="checkbox"/> No <input type="checkbox"/>	