



**Santa Barbara City College
MARINE DIVING TECHNOLOGY PROGRAM**

SCUBA REGULATOR CHECK FORM

Student's Name: _____

Date: _____

Regulator Make and Model: _____

Serial Number: _____

New

Used

Receipt

Comments: _____

Checks:

- | | OK |
|---|--------------------------|
| 1. Check overall appearance, dryrot, cuts, or nicks | <input type="checkbox"/> |
| 2. Pressure check first stage to manufacturer specs. | <input type="checkbox"/> |
| 3. Check for leaks, freeflow (first & second stage & hoses) | <input type="checkbox"/> |
| 4. Check for ease of breathing/resistance anomalies | <input type="checkbox"/> |

Regulator Pass

Regulator Failed

Inspector Signature _____

DiveShop/ Facility Stamp

We hereby affirm the above checks to have been performed.



