Continuing Education Training Record

Student Information

FIRST NAME	MIDDLE INITIAL	LAST NAME	DATE OF BIRTH (MM/DD/YYYY)

STREET ADDRESS OR PO BOX (LINE 1)	ADDRESS (LINE 2)

CITY	STATE/DISTRICT/PROVINCE	ZIP/POSTAL CODE	COUNTRY

PRIMARY PHONE NUMBER (MOBILE IS BEST)	E-MAIL ADDRESS

Course Information

COURSE NAME
Visual Inspection Procedures Course
STARTING DATE
ENDING DATE

Instructor 1

FIRST NAME	LAST NAME

PHONE (MOBILE IS BEST)	INSTRUCTOR NO.
(954) 792-4977	

EMAIL
fun@aquaticventures.com

Instructor 2

FIRST NAME	LAST NAME

PHONE (MOBILE IS BEST)	INSTRUCTOR NO.
(954) 792-4977	

EMAIL
fun@aquaticventures.com

Instructor 3

FIRST NAME	LAST NAME

PHONE (MOBILE IS BEST)	INSTRUCTOR NO.
(954) 792-4977	

EMAIL
fun@aquaticventures.com

Skill Development and Application

Skill	Date	Instructor Name or Number
Visual Inspection Purpose		
Legal requirements, standards of the community		
Safe Handling of Cylinders		
Fill station operator rules and recommendations		
Identification of various cylinder markings		
Legal / illegal filling requirements		
Filling Procedures		
Tools and their uses		
Visual Inspection Indications		
Proper identification of the various defect conditions		
Criteria for Rejection and Condemnation		
Define the criteria for cylinder rejection		
Define the criteria for condemning a cylinder		
Other Services During Inspection		
Valve inspection and cleaning		
Compressor operations		
Oxygen cleaning		
Visual Inspection Procedures Practical		
Visually inspect and document cylinder properly		
Inspect cylinder with mirror and light		
Inspect cylinder with Scope and document findings		
Inspect cylinder with wand and document findings		

Knowledge Development

eLearning Course Completed	Date
☐ SDI ☐ NASE ☐ PADI ☐ NAUI	

Instructor Statement: "On the date listed, this student met all requirements for academic knowledge development as required by standards.

Instructor Name _____ Instructor Number _____

Instructor Statement: "On the date(s) listed, this student met all of the requirements for skill application required by standards."

Instructor Signature _____ Instructor Number _____ Date _____

Student Statement: "I understand and have met all the requirements for certification."

Student Signature _____ Date _____