

CHAMBER SUPERVISOR/EMERGENCY RECOMPRESSION CHAMBER QUALIFICATION

NAME _____ RATE _____

Division _____ Date Commenced _____

1. Purpose. To record certification signatures by designated qualifiers who, by their signature, certify the prospective Chamber Supervisor, has attained the knowledge and skill level required to perform as a Chamber Supervisor and Emergency Recompression Chamber Team Member.

2. Instructions: It is the responsibility of the Diving Supervisor, Division Master Diver and Division Officer to evaluate and recommend an individual to the Department Head and Commanding Officer for final approval as a Chamber Supervisor. This qualification has specific signatures for High-Risk Core Unique Instructor Training.

3. Prerequisites

- a. Basic Diving Systems Qualification _____
ENG Officer/Date
- b. U.S. Navy Qualified Diver _____
MDV/Date

4. Practical Factors. To obtain a signature, the Trainee must successfully complete the specific line item.

- a. Supervise Pressure Test in the PVA complex.

(1) Pressure Test

MDV/Date
- b. Perform a proficient neurological exam.

MDV/Date

c. Demonstrate proficiency by passing four recompression treatment shams, to include actual manned/unmanned recompression operations in a chamber.

Enclosure (3)

3500/24

FIRST ENDORSEMENT

(Name) _____ is recommended for designation as Chamber Supervisor and Emergency Recompression Chamber Team Member.

Training Officer/Date

Approved: _____
 Commanding Officer

Copy to:
CISO