

JE VISUAL CYLINDER INSPECTION

with MARK BROOKS

REMOTE LEARNING VIA ZOOM

MAY 4, 2024 - OR - NOVEMBER 9, 2024

WHAT YOU NEED TO KNOW

OBJECTIVE	• The Visual Inspection Program trains and prepares personnel to complete specialized SCUBA and SCBA cylinder inspections, the importance of which is sometimes overlooked or ignored.	• Guio • Use c
JUSTIFICATION	 Public safety departments commonly use outside companies to provide SCUBA and SCBA cylinder inspections. This program trains personnel to inspect cylinders in- house. 	• Hand
CERTIFICATION	 Visual Inspection Program 	8:0 8:3
RECOMMENDED FOR	 Personnel responsible for compressed air cylinder maintenance. This course is suited for those new to visual inspection and those who have been inspecting without formal training. 	12: 1:00-4 4:00-5
DURATION	• 1 Day / 8 training hours	
TUITION	• \$350.00 (US Funds) per student	
BE SURE TO BRING	 Pen/pencil and paper for note-taking. 2 SCUBA/SCBA cylinders with valve. Student Kit (mailed to you before class). Tool Kit - Please contact Instructor Mark Brooks at least two weeks before class to purchase or borrow: (812) 824-7234 ***Must have access to the internet and a working web camera*** 	
TO ACCESS THE CLASS	• Students will receive an email with a Zoom link and login information from Mark Brooks prior to class.	Ì
	CLASS BEGINS AT 8:00 AM CST	

TOPICS

• Cylinder Inspection Guidelines and Standards

Use of Specialized Inspection Equipment

Hands-On Cylinder Inspection Lab

SCHEDULE

8:00-8:30 Registration 8:30-12:00 Classroom 12:00-1:00 Meal Break 1:00-4:00 Practical Exercises 4:00-5:00 Review, Final Exam, and Closing



DIVE RESCUE INTERNATIONAL

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MAKING IT HAPPEN

PREREQUISITES • At least 18 years of age Member of a public safety agency

CANCELLATION Prior to 3 weeks: Full Refund 8-21 days prior: 50% Refund 0-7 days prior: No refund



TO REGISTER

ONLINE WWW.DIVERESCUEINTL.COM

IN PERSON OR BY POSTAL SERVICE 201 N Link Ln Fort Collins, CO 80524

> BY PHONE (800) 248 - 3483 X. 18

> > FAX THIS FORM (970) 482 - 0893





PLEASE REGISTER ME

First Name	_Last Name
Mailing Address	
Best Phone	_E-mail
Department	_Department Phone

Payment Information (Credit Cards will be charged or Invoices will be sent 2 weeks before class)

	Personal Card	🗌 Departm	ent Card		
Credit Card Number Billing Address		Exp	CVC		
Name on Card	ımber				
Invoice my Department by Postal Service Invoice by E-mail					
Purchase Order Number	(Please provid	e Dive Rescue I	nternational a copy of the PO)		
Finance Department Phone Number					
Finance Department Billing Address					
Finance Department E-mail A	ddress				