

# **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.

**JUSTIFICATION** 

Public safety departments commonly use outside companies to provide SCUBA and SCBA cylinder inspections. This program trains personnel to inspect cylinders inhouse.

**CERTIFICATION** 

Visual Inspection Program

**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.

**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.

CLASS BEGINS AT 8:00 AM EASTERN STANDART TIME

### **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



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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

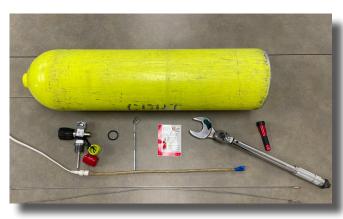
201 N Link Ln Fort Collins, CO 80524

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 Ca	ards will be charged or Invoices will be sent 2 weeks before clas
	Personal Card Department Card
Credit Card Number	ExpCVC
Billing Address	
Name on Card	Phone Number
Invoice my	Department by Postal Service Invoice by E-mail
	(Please provide Dive Rescue International a copy of the PO)
	mber
	dress
Finance Department E-mail Ad	dress