



SERVICE CONTRACT
Customer Information

Date: _____

Name: _____ Phone: _____

Address: _____

Email: _____

Item	Description	Action Required	Price

Any specific issues to address: _____

Technician will call for your authorization before installing any parts that may be required.

Customer Signature _____

Date Completed: _____ Customer called for pick-up: _____

I have received listed items back with a service record of all work done:

Customer Signature: _____ Date: _____

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613-345-2800 * www.divebrockville.com

Scuba Regulator Service Sheet

Date of Service: _____ Technician: _____ Date Completed: _____
Regulator Owner: _____ Phone Number: _____

REGULATOR DESCRIPTION

1st Stage:- Make: _____ Model: _____ SR#: _____

2nd Stage:- Make: _____ Model: _____ SR#: _____

Alternate:- Make: _____ Model: _____ SR#: _____

Console:- Make: _____ Model: _____ SR#: _____

Low Pressure Hoses: _____

High Pressure Hoses: _____

Accessories/Attachments: _____

1st STAGE SERVICE

Check

Disassembly

Inspection

Cleaning

Lubrication

Reassembly

Settings _____ Intermediate psi

Parts Replaced: _____ Cost: _____

2nd STAGE SERVICE

Check

Disassembly

Inspection

Cleaning

Lubrication

Reassembly

Settings _____ Inch

Parts Replaced: _____ Cost: _____

ALTERNATE STAGE SERVICE

Check

Disassembly

Inspection

Cleaning

Lubrication

Reassembly

Settings _____ Inch

Parts Replaced: _____ Cost: _____

CONSOLE SERVICE

Check

Cleaning

Reassemble

Parts Replaced: _____ Cost: _____

BCD SERVICE

Check

Disassembly

Inspection

Cleaning

Lubrication

Reassembly

Parts Replaced: _____ Cost: _____

Comments: _____