

**Baromedical Nurses Association  
Hyperbaric Experience Log for NEW Candidates**

Date	HBO Hours	Complication Encountered: Ear or Dental Squeeze, Seizure	Hours Pre-Dive Preparation	Fire Drill	Ventilator Patient	In Chamber TCOM	Note
11-19-2019	2.75		0.75	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11-20-2019	6		0.75	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11-21-2019	7.75		1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11-22-2019	4		0.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11-25-2019	2		0.75	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11-26-2019	1.75		—	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11-26-2019	1.75		—	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11-27-2019	2		0.75	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11-27-2019	0.75		—	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11-18-2019	14.75		0.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11-20-2019	2		0.75	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11-27-2019	2		0.75	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11-28-2019	2		0.75	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11-29-2019	2		0.75	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11-30-2019	4.75		0.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>TOTAL</b>	<b>59.75</b>		<b>6.5</b>				<b>Total = 66.25</b>

**Candidate**

Name

Tina M. Pitzer

Please Print

Signature

*Tina M. Pitzer*

**Preceptor**

Name

Tanya M. Frasier KUCHEN

Please Print

Signature

*Tanya M. Frasier KUCHEN*

**Baromedical Nurses Association  
Hyperbaric Experience Log for NEW Candidates**

Date	HBO Hours	Complication Encountered: Ear or Dental Squeeze, Seizure	Hours Pre-Dive Preparation	Fire Drill	Ventilator Patient	In Chamber TCOM	Note
1-15-2020	2		0.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I had to be out of HBO for a personal approx.
1-16-2020	4.75		0.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1-17-2020	4.25		0.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1-20-2020	4.25		0.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1-21-2020	2		0.25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1-22-2020	4.25		0.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1-23-2020	4.25		0.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1-24-2020	4.25		0.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1-27-2020	2		0.25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1-28-2020	2		0.25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1-29-2020	2		0.25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1-31-2020	2		0.25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2-4-2020	2		0.25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2-10-2020	4		0.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Initial Dive x1
2-11-2020	4		0.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2-12-2020	4		0.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2-13-2020	1.75		0.25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2-14-2020	1.75		0.25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>TOTAL</b>	<b>55</b>		<b>7</b>				<b>Total = 70%</b>

Name Tim M. Pitzer Candidate  
Please Print

Signature Tim M. Pitzer

Name Tonya Frazier RN CHRN Preceptor  
Please Print

Signature Tonya Frazier RN CHRN

**Baromedical Nurses Association  
Hyperbaric Experience Log for NEW Candidates**

Date	HBO Hours	Complication Encountered: Ear or Dental Squeeze, Seizure	Hours Pre-Dive Preparation	Fire Drill	Ventilator Patient	In Chamber TCOM	Note
8-17-2020	1.75		0.25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8-18-2020	1.75		0.25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8-19-2020	1.75		0.25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8-20-2020	1.75		0.25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	+1.5 hr HBO eval
8-21-2020	1.75		0.25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8-24-2020	4.25	Ear squeeze (1)	0.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Initial Dive X2 pts.
8-25-2020	0.25	Ear squeeze X1	0.25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8-26-2020	4		0.50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	+0.75 hr HBO Eval
8-27-2020	6	Ear squeeze X1	0.75	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8-28-2020	6	Ear squeeze X1	0.75	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Different pt e ear squeeze
8-29-2020	6	Ear squeeze X1	0.75	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8-30-2020	6		0.75	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8-31-2020	4.5	Ear squeeze	0.75	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	New pt e ear squeeze procedure ended up being sick X1 wk
8-16-2020	4.25		0.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8-17-2020	4.25		0.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	+1 hr HBO Eval
8-18-2020	4.25		0.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8-19-2020	4.25		0.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>TOTAL</b>	<b>70.0</b>		<b>9</b>				<b>Total 79</b>

Name Tim M. Pitzer Candidate  
Please Print

Name Tracy Frasier RN CHRN Preceptor  
Please Print

+ 3.25  
72.75

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**Baromedical Nurses Association  
Hyperbaric Experience Log for NEW Candidates**

Date	HBO Hours	Complication Encountered: Ear or Dental Squeeze, Seizure	Hours Pre-Dive Preparation	Fire Drill	Ventilator Patient	In Chamber TGO M.	Note
8-10-2020	2		0.25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8-11-2020	10.5	Ear Squeeze X1	1.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 Initial Dives!
8-21-2020	12		1.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8-25-2020	10		1.25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8-26-2020	12		1.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8-10-2020	13.5		1.75	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8-11-2020	13.5		1.75	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8-20-2020	11.5		1.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8-20-2020	11.5		1.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8-24-2020	9.5		1.25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8-24-2020	11.5		1.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8-24-2020	9.5		1.25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8-27-2020	7.5		1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8-28-2020	7.5		1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8-28-2020	7.5		1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8-1-2020	7.5		1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8-4-2020	9.75		1.25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8-13-2020	9.75		1.25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TOTAL	171.25		23				Grand Total = 199.25

Name Tina M. Ritter Candidate  
Please Print

Signature Tina M. Ritter

Name Tanya M. Frasier RN CHEN Preceptor  
Please Print

Signature Tanya M. Frasier RN CHEN



**Baromedical Nurses Association  
Hyperbaric Experience Log for NEW Candidates**

Date	HBO Hours	Complication Encountered: Ear or Dental Squeeze, Seizure	Hours Pre-Dive Preparation	Fire Drill	Ventilator Patient	In Chamber TCOM	Note
7-2-2020	8.5		0.75	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7-6-2020	6.25		0.50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7-7-2020	6.25		0.50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7-8-2020	6.25		0.50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7-9-2020	6.25		0.75	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7-10-2020	6.25		0.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7-13-2020	7	Ear squeeze	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Initial Dive XI ear pressure
7-14-2020	8.5		1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Initial Dive XI ear pressure
7-15-2020	8.5		0.75	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7-16-2020	6.25		0.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7-17-2020	8.5		0.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7-20-2020	10.75		1.25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Initial Dive XI
7-21-2020	10.5		0.75	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7-22-2020	10.5		1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7-23-2020	9		0.75	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I had a personal appt.
7-28-2020	8.5		1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7-29-2020	8.5		1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8-3-2020	11.75		1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Initial Dive XI
<b>TOTAL</b>	<b>148</b>		<b>14</b>				<b>Grand Total = 162 hours</b>

Name Tina M. Fitter Candidate  
Please Print

Signature Tina M. Fitter

Name Tonya M. Frasure AND Cheryl Preceptor  
Please Print

Signature Tonya M. Frasure AND Cheryl

**Baromedical Nurses Association  
Hyperbaric Experience Log for NEW Candidates**

Date	HBO Hours	Complication Encountered: Ear or Dental Squeeze, Seizure	Hours Pre-Dive Preparation	Fire Drill	Ventilator Patient	In Chamber TCOM	Note
8-01-2020	14.5		0.75	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I had a personal appt. One initial dive
8-5-2020	14.75		1.25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8-6-2020	13.75		1.25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I was relieved to go home early
8-7-2020	13.5		1.25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I was relieved to go home early
8-14-2020	16.25		0.75	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8-19-2020	17		1.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8 patients diving
8-20-2020	13	Ear Squeeze XI	1.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7 pts
8-21-2020	12.75		1.75	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8-27-2020	8.5		0.75	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9-1-2020	10.5		0.75	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9-10-2020	5.25		0.25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I had a personal appt. in water.
9-15-2020	7.5		0.50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9-16-2020	4.25		0.50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9-17-2020	6.5		0.75	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9-18-2020	4.25		0.50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9-22-2020	4.25		0.50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9-23-2020	4.25		0.50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9-24-2020	4.25		0.50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>TOTAL</b>	<b>162</b>		<b>15.50</b>				<b>Grand Total = 177.50</b>

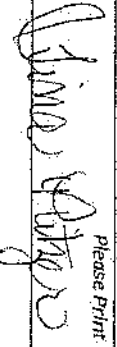
**Candidate**

Name

Tina M. Pitzer

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Signature



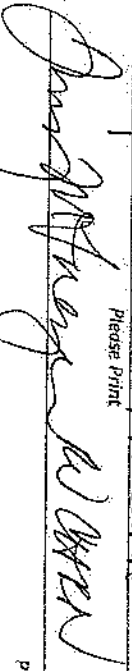
**Preceptor**

Name

Tanya M. Frasier RN CRRN

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Signature



**Baromedical Nurses Association  
Hyperbaric Experience Log for NEW Candidates**

Date	HBO Hours	Complication Encountered: Ear or Dental Squeeze, Seizure	Hours Pre-Dive Preparation	Fire Drill	Ventilator Patient	In Chamber TCOM	Note
9-25-2020	4.25		0.50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10-14-2020	10.5		1.25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10-5-2020	8.5		1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10-12-2020	8.5		1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10-19-2020	2.25		0.50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10-20-2020	8.5		1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10-21-2020	10.25		0.75	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10-22-2020	6.25		0.50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10-23-2020	2		0.25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11-2-2020	2		0.25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11-9-2020	4		0.50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11-10-2020	2		0.25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11-11-2020	2		0.25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11-12-2020	2		0.25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11-13-2020	2		0.25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11-14-2020	2.75	Ear & Sinus Squeeze	0.50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Initial dive x1
11-17-2020	4.25		0.50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11-18-2020	4.25		0.25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>TOTAL</b>	<b>86.25</b>		<b>9.75</b>				<b>Grand Total = 96</b>

**Candidate**  
Name Tina M. Pitzer  
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Signature *Tina M. Pitzer*

**Preceptor**  
Name Tanya M. Frazer RN  
Please Print

Signature *Tanya M. Frazer RN*



**Baromedical Nurses Association  
Hyperbaric Experience Log for NEM Candidates**

Date	HBO Hours	Complication Encountered: Ear or Dental Squeeze/ Seizure	Hours Pre-Dive Preparation	Fire Drill	Ventilator Patient	In Chamber TCOM	Note
11-19-2020	4.25		0.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11-20-2020	4.25		0.25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11-23-2020	4.25		0.25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11-24-2020	4.25		0.25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11-25-2020	4.25		0.50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12-14-2020	7.25		0.50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12-15-2020	5.75		0.50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12-16-2020	4		0.25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12-17-2020	7.5		0.75	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12-18-2020	7.75		1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12-28-2020	2		0.25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12-29-2020	4		0.50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12-30-2020	4		0.50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12-31-2020	1.75		0.25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1-4-2021	4		0.50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Initial visit XI.
1-5-2021	7.75		0.50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1-10-2021	6.25		0.75	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1-7-2021	6.25		0.50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>TOTAL</b>	<b>89.5</b>		<b>8.5</b>				<b>Total = 98</b>

Name Tina M. Pitzer Candidate **Please Print**

Signature Tina M. Pitzer

Name Tanya M. Frayer RN Preceptor **Please Print**

Signature Tanya M. Frayer

**Baromedical Nurses Association  
Hyperbaric Experience Log for NEW Candidates**

Date	HBO Hours	Complication Encountered: Ear or Dental Squeeze, Seizure	Hours Pre-Dive Preparation	Fire Drill	Ventilator Patent	In Chamber TCDM	Note
1-8-2021	2.25		0.75	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1-11-2021	2.25	Ear squeeze in pt & ear tubes!	0.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1-13-2021	2		0.25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1-3-2021	4.25		0.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1-4-2021	4.25		0.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1-15-2021	4.25		0.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1-20-2021	6.25		0.75	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2-1-2021	6.5		0.75	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Initial dive X1
2-2-2021	10.75	Ear pain	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2-3-2021	10.25		0.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2-4-2021	8.25		1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2-5-2021	8.5		0.75	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2-8-2021	14.25		0.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2-9-2021	8.5	Ear squeeze	0.75	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2-10-2021	8.5		0.75	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2-11-2021	10.25		0.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2-12-2021	2		0.25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3-1-2021	6.25		0.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>TOTAL</b>	<b>103.5</b>		<b>11</b>				<b>Grand Total = 114.5</b>

Name \_\_\_\_\_ Candidate **Tina M. P. Her**

Signature *Tina M. P. Her*

Name \_\_\_\_\_ Preceptor **Tina M. P. Her RN CHRN**

Signature *Tina M. P. Her*

**Baromedical Nurses Association  
Hyperbaric Experience Log for NEW Candidates**

Date	HBO Hours	Complication Encountered: Ear or Dental Squeeze, Seizure	Hours Pre-Dive Preparation	Fire Drill	Ventilator Patient	In Chamber TCOM	Note
3-2-2021	2.25		0.75	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3-3-2021	6.25		0.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3-4-2021	4.25		0.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3-5-2021	6.25		0.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3-8-2021	6.25		0.75	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3-9-2021	6.25		0.50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3-10-2021	4.25		0.25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3-11-2021	4.25		0.25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3-12-2021	6.25		0.50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Initial dive xl.
3-15-2021	6.25		0.75	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3-16-2021	8.5		1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3-17-2021	8.5		1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3-18-2021	8.5		0.75	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3-19-2021	8.5		1.25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2+ E' m/m w/r
3-22-2021	6.25		0.50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3-23-2021	8.5		0.75	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3-24-2021	6.5	Ear Squeeze	0.75	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>TOTAL</b>							

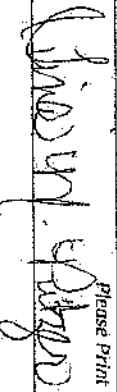
**Candidate**

Name

Tina M. Pitzer

Please Print

Signature



**Preceptor**

Name

Tina M. Eravien RN CHRN

Please Print

Signature

