

Air Diving Supervisor Practice Exam (Sample)

Study Guide



Everything you need from our exam experts!

Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.

ALL RIGHTS RESERVED.

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain accurate, complete, and timely information about this product from reliable sources.

SAMPLE

Table of Contents

Copyright	1
Table of Contents	2
Introduction	3
How to Use This Guide	4
Questions	5
Answers	8
Explanations	10
Next Steps	16

SAMPLE

Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 - 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

Questions

SAMPLE

- 1. How does a shallow change in depth affect no-decompression time for divers?**
 - A. It has no effect on no-decompression time**
 - B. A small change can significantly decrease no-decompression time**
 - C. A small change only affects deep diving**
 - D. A small change increases allowable time**
- 2. How should decompression stops be adjusted if the depth exceeds the original schedule during an emergency?**
 - A. Multiply air stops by 1.0**
 - B. Multiply air or O₂ stops by 1.5**
 - C. Split the stop duration in half**
 - D. Continue without adjustment**
- 3. Which table allows divers to determine their residual nitrogen time for repetitive dives?**
 - A. No-Decompression Limits Table**
 - B. Residual Nitrogen for Repetitive Air Dives Table**
 - C. Decompression Schedule Table**
 - D. Initial Ascent to Altitude Table**
- 4. Which of the following is NOT a symptom of hypothermia?**
 - A. Shivering**
 - B. Confusion**
 - C. Excessive thirst**
 - D. Weakness**
- 5. Which psychological factors can influence a diver's performance?**
 - A. Weather conditions and equipment quality**
 - B. Stress and fear impacting decision-making**
 - C. Physical fitness and nutrition**
 - D. Communication with surface support**

6. When treating Type I DCS, what is the proper action if symptoms resolve during the 15-minute stop at 50'?

- A. Continue normal decompression without changes**
- B. Increase the 50' O₂ time from 15 to 30 minutes**
- C. Compress the diver immediately to the surface**
- D. Ascend to a depth of 40' immediately**

7. Which category does not belong to Type II Decompression Sickness symptoms?

- A. Neurological**
- B. Gastrointestinal**
- C. Inner Ear (staggers)**
- D. Cardiopulmonary (chokes)**

8. Which of the following emergency equipment should always be available at dive sites?

- A. Bait for fishing**
- B. First aid kits and oxygen supplies**
- C. Additional dive tanks**
- D. Extra weights**

9. What should divers do if they are at a depth greater than 60 feet?

- A. Go to 40 feet and breathe regular air**
- B. Go to 60 feet and put all occupants on 100% O₂**
- C. Stay at current depth and breathe air**
- D. Ascend rapidly to the surface**

10. What does the No-Decompression Limits and Repetitive Group Designation Table help a diver understand?

- A. The maximum depth for unlimited time without decompression**
- B. The no-decompression limits for dives requiring deep stops**
- C. The no-decompression limits for dives that do not require decompression stops**
- D. The time taken to ascend from any depth**

Answers

SAMPLE

1. B
2. B
3. B
4. C
5. B
6. B
7. B
8. B
9. B
10. C

SAMPLE

Explanations

SAMPLE

1. How does a shallow change in depth affect no-decompression time for divers?

- A. It has no effect on no-decompression time
- B. A small change can significantly decrease no-decompression time**
- C. A small change only affects deep diving
- D. A small change increases allowable time

A shallow change in depth can significantly decrease no-decompression time due to the principles of dissolved gas dynamics in the body. When a diver descends even slightly, the ambient pressure increases, causing a greater amount of inert gases, primarily nitrogen, to dissolve into the body's tissues. This increase in tissue loading directly reduces the no-decompression limit. No-decompression time is the maximum time a diver can safely spend at a specific depth without making decompression stops during ascent. Any increase in depth results in a higher ambient pressure, which shifts the saturation levels of gas in the tissues closer to a critical point. Consequently, even a small change, like moving from 10 meters to 12 meters, can have a measurable impact on the loaded nitrogen levels, and thus decrease the allowable time a diver can stay at that depth without violating decompression limits. This is crucial for divers to consider, as miscalculating the impact of even minor depth changes can lead to an increased risk of decompression sickness. Understanding these dynamics helps divers plan their dives more effectively and maintain safety.

2. How should decompression stops be adjusted if the depth exceeds the original schedule during an emergency?

- A. Multiply air stops by 1.0
- B. Multiply air or O₂ stops by 1.5**
- C. Split the stop duration in half
- D. Continue without adjustment

When managing decompression stops in an emergency situation where the diver descends deeper than originally scheduled, it is essential to ensure that the diver safely off-gasses nitrogen. In this context, multiplying the air or oxygen stop durations by 1.5 is the appropriate approach. This adjustment accounts for the increased pressure the diver is now experiencing at a greater depth, which affects how gases are absorbed and released from the body. The depth change means that more nitrogen is likely to be accumulated in the body tissues. By extending the duration of stops, divers give their bodies more time to safely eliminate this excess nitrogen, thereby reducing the risk of decompression sickness. The other options do not adequately address the increased risk associated with deeper dives. Simply maintaining the original stop durations or halving them would not provide the necessary time for safe off-gassing in the new, deeper environment. Continuation without adjustment is not a safe option as it disregards the physiological changes that occur at greater depths.

3. Which table allows divers to determine their residual nitrogen time for repetitive dives?

- A. No-Decompression Limits Table**
- B. Residual Nitrogen for Repetitive Air Dives Table**
- C. Decompression Schedule Table**
- D. Initial Ascent to Altitude Table**

The correct choice, the Residual Nitrogen for Repetitive Air Dives Table, is specifically designed to assist divers in calculating the amount of nitrogen that remains in their bodies after completing a dive, which is crucial for planning subsequent dives. This table provides vital information about how long a diver needs to wait (or their minimum surface interval) before embarking on another dive, ensuring that they do not exceed safe nitrogen limits and thus reduce the risk of decompression sickness. When divers conduct repetitive dives, their bodies accumulate nitrogen, and the residual nitrogen time must be taken into consideration. The Residual Nitrogen for Repetitive Air Dives Table allows divers to accurately assess their nitrogen loading and ensure their next dive is performed safely. Other tables mentioned, such as the No-Decompression Limits Table, are primarily used to determine maximum dive times without the need for mandatory decompression stops on ascent. The Decompression Schedule Table outlines the stops required for a safe ascent after a dive, rather than focusing on residual nitrogen. The Initial Ascent to Altitude Table is typically related to altitude exposure rather than nitrogen residuals from diving, making it irrelevant for calculating residual nitrogen times after repetitive dives.

4. Which of the following is NOT a symptom of hypothermia?

- A. Shivering**
- B. Confusion**
- C. Excessive thirst**
- D. Weakness**

The correct answer is excessive thirst, as this is not a symptom commonly associated with hypothermia. Hypothermia occurs when the body loses heat faster than it can produce it, leading to a drop in core body temperature. As the body nears dangerously low temperatures, it typically exhibits symptoms such as shivering, confusion, and weakness. Shivering is one of the body's first responses to cold as it attempts to generate heat through muscle activity. Confusion can arise as the brain's function is impaired by the low temperature, affecting cognitive tasks. Weakness is another symptom, as the body struggles to maintain energy levels and may experience fatigue. Excessive thirst, however, is more typically related to dehydration or heat-related illnesses, rather than the body's response to cold.

5. Which psychological factors can influence a diver's performance?

- A. Weather conditions and equipment quality**
- B. Stress and fear impacting decision-making**
- C. Physical fitness and nutrition**
- D. Communication with surface support**

A diver's performance can be significantly influenced by psychological factors such as stress and fear, which can directly affect decision-making. Diving inherently presents risks, and a diver who is anxious or fearful may struggle to concentrate or make rational choices in a high-pressure environment. Stress can impair cognitive functions, leading to a decrease in situational awareness, which is crucial for safely navigating underwater environments. When divers experience fear, it can lead to panic or risk-averse behavior that may hinder their ability to perform tasks efficiently, follow dive plans, or react appropriately to emergencies. Therefore, understanding and managing these psychological factors is vital for dive supervisors to ensure safety and optimal performance underwater.

6. When treating Type I DCS, what is the proper action if symptoms resolve during the 15-minute stop at 50'?

- A. Continue normal decompression without changes**
- B. Increase the 50' O₂ time from 15 to 30 minutes**
- C. Compress the diver immediately to the surface**
- D. Ascend to a depth of 40' immediately**

The appropriate action when treating Type I Decompression Sickness (DCS) is to increase the 50' oxygen stop from 15 to 30 minutes if symptoms resolve during the 15-minute stop. This approach serves to provide the diver with additional time breathing oxygen at a depth where the partial pressure of oxygen is increased, which facilitates the elimination of inert gas bubbles formed in the body during the dive. Oxygen is beneficial in treating DCS as it helps reduce symptoms and promotes a more effective absorption of bubbles and better tissue perfusion. Extending the duration at this depth allows for a more thorough decompression process, minimizing the risk of return of symptoms upon further ascent. Continuing normal decompression without changes may not provide the diver with the extra therapeutic benefits needed if symptoms have shown improvement, as they may still require additional time at the elevated oxygen levels. Conversely, ascending to a depth of 40' or immediately compressing to the surface would not allow for the needed oxygen therapy and could put the diver at risk of worsening their condition.

7. Which category does not belong to Type II Decompression Sickness symptoms?

- A. Neurological**
- B. Gastrointestinal**
- C. Inner Ear (staggers)**
- D. Cardiopulmonary (chokes)**

Type II Decompression Sickness is characterized by more severe symptoms that are systemic and can affect various bodily systems. While neurological symptoms and inner ear symptoms (also known as staggers) are well established as components of Type II DCS, they typically arise due to bubbles forming in the central nervous system and other critical areas. Cardiopulmonary symptoms, often referred to as chokes, are similarly associated with restrictive effects on the lungs and heart. Gastrointestinal symptoms, on the other hand, are primarily linked to Type I Decompression Sickness. These symptoms may include nausea or abdominal pain, typically resulting from bubbles affecting the body's tissues in less critical regions. Thus, gastrointestinal issues do not fit within the spectrum of Type II DCS symptoms and are considered a part of Type I Decompression Sickness profile, making this categorization distinct.

8. Which of the following emergency equipment should always be available at dive sites?

- A. Bait for fishing**
- B. First aid kits and oxygen supplies**
- C. Additional dive tanks**
- D. Extra weights**

Having first aid kits and oxygen supplies readily available at dive sites is essential for ensuring the safety and well-being of divers. In the event of an emergency, such as an injury or a diving-related medical issue like decompression sickness, immediate access to first aid equipment can make a significant difference in the outcome. Oxygen supplies are particularly critical, as they are the first line of treatment for certain diving emergencies, including barotrauma and hypoxia. This emphasis on having these supplies aligns with best practices in dive safety, as they enable quick response to incidents that can arise during diving operations. The presence of well-stocked first aid kits and oxygen equipment helps ensure that divers can receive prompt attention in case of emergencies, thus mitigating potential risks associated with diving activities.

9. What should divers do if they are at a depth greater than 60 feet?

- A. Go to 40 feet and breathe regular air
- B. Go to 60 feet and put all occupants on 100% O₂**
- C. Stay at current depth and breathe air
- D. Ascend rapidly to the surface

When divers are at a depth greater than 60 feet, they should prioritize their safety by managing their breathing gas effectively, particularly in scenarios involving potential hypoxia or other complications from breathing air under pressure. At deeper depths, the risk of nitrogen narcosis and oxygen toxicity increases. By descending to 60 feet and switching to 100% oxygen, divers can help mitigate these risks. Breathing 100% oxygen at that depth allows for the quicker elimination of nitrogen from the body, especially important if divers have been on air, which contains nitrogen that could contribute to decompression sickness upon ascent. This practice aligns with best safety protocols, as it supports the body's ability to manage excess nitrogen and oxygen levels when transitioning back to shallower depths. Proper gas management is critical to ensure a safe ascent and recovery in diving operations.

10. What does the No-Decompression Limits and Repetitive Group Designation Table help a diver understand?

- A. The maximum depth for unlimited time without decompression
- B. The no-decompression limits for dives requiring deep stops
- C. The no-decompression limits for dives that do not require decompression stops**
- D. The time taken to ascend from any depth

The No-Decompression Limits and Repetitive Group Designation Table is a critical tool for divers, specifically designed to outline the maximum time a diver can spend at a given depth without requiring decompression stops upon ascent. This means that if a diver remains within these limits, they can safely ascend to the surface without needing to take breaks to allow nitrogen to off-gas from their bodies, which is important in preventing decompression sickness. By referring to this table, divers gain clarity on the no-decompression limits, which are essential for planning dives that do not necessitate any decompression stops. This is particularly beneficial for recreational diving, where adhering to the no-decompression limits allows for a simpler, often safer diving experience, enabling divers to enjoy their time underwater without the complications that come with planned decompression. While it is true that the table can relate to various scenarios, its primary purpose is to indicate the no-decompression limits for dives where the diver plans to ascend directly to the surface without making any decompression stops.

Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

<https://airdivingsupervisor.examzify.com>

We wish you the very best on your exam journey. You've got this!

SAMPLE