

ASSOCIATED BRITISH PORTS
REQUEST FOR PERMISSION TO DIVE

	PORT: Barrow in Furness			LOCATION:				
Exact location of the work (use port plan to illustrate exact location and size of work area). Dock Basin (in lock between gate 3 & 4, north west side).								
Time of Diving Operation from: _	_:hrs –:hrs							
Diving Contractor:								
Address:								
Tel. No	_Mobile no:	Fax no	Or email. To which	form is to be returned).				
Diving Supervisor's Name:	Diving Supervisor's Name:							
Diving Site Tel. no	VHF Call Sign							
Description of work to be carried ou	ıt:							
NO DIVING OPERATIONS ARE TO BE CARRIED OUT PRIOR TO PERMISSION BEING GRANTED								
GENERAL CONDITIONS AND PRECAUTIONS TO BE OBSERVED								
<ol> <li>Diving operations shall be in accordance with the Diving at Work Regulations 1997 and the associated ACOP L104 (second addition) Published 2014.</li> <li>At all times during the operation an 'A' Flag shall be displayed. If diving in at night additional measures may be needed to highlight the operation.</li> <li>The diving team shall consist of at least 5 persons, namely: a Supervisor, a working diver, a standby diver, a tender for the working diver and a tender for the stand by diver</li> <li>The Diving Supervisor shall inform the Harbour Master / Dock Master immediately before a diver enters the water and on suspension / completion of diving operations.</li> <li>The Diving Supervisor will comply with all instructions issued by the Harbour Master.</li> <li>The Diving Supervisor shall monitor VHF channel</li> <li>at all times.</li> <li>Fixed barriers must be used to cordon off and protect the Island side of the work area from other operations.</li> <li>All relevant information (including hazards and controls) must be communicated to all personnel involved.</li> <li>Other persons involved in operations that could be affected by the task, or could affect the task, must be made aware of what work is underway and vice versa.</li> </ol> GENERAL CHECKS <ol> <li>Does the Diving Supervisor have a copy of the Port Diving Information Plan / Rules?</li> <li>Has a diving project plan been prepared and is there a copy on site?</li> <li>Have steps been taken to eliminate hazards to divers from propellers, inlets, outlets, etc?</li> </ol> I declare that the aforementioned requirements have been satisfied. Precautions have been taken and that safety arrangements will be maintained for the duration of the diving operation, and will not operate outside of the stated area and times. Signed by Diving Supervisor: Time: Date:								
Forward to: Harbour Master / Dock Ma		Tel:	Fax:	email:				
KNOWN VESSEL MOVEMENTS IN VICINITY OF DIVING OPERATIONS  VESSEL  TIME  VESSEL  TIME								
VESSEL		TIIVIE		VESSEL				
Restrictions:								
FOR INTERNAL USE	•	DATE:		TIME:				
Subject to the information stated in this request being and remaining complete and accurate, strict adherence to the general conditions and precautions specified above,  PERMISSION GRANTED  SignedABP				PERMISSION REFUSED  SignedABP Authorised Person				
Jigneu	ADP							

Date:

Time:

Date:

Time: