

REQUEST FOR PERMISSION TO DIVE

PORT:	LOCATION:
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Exact location of the work (use port plan to illustrate exact location and size of work area). _____

Time of Diving Operation From: _____ hrs To: _____ hrs

Diving Contractor _____

Address _____

Tel. No. _____ Mobile no: _____ Fax no. Or email. To which form is to be returned). _____

Diving Supervisor's Name _____

Diving Site Tel. no. _____ VHF Call Sign _____

Description of work to be carried out: _____

Client: _____

NO DIVING OPERATIONS ARE TO BE CARRIED OUT PRIOR TO PERMISSION BEING GRANTED

GENERAL CONDITIONS AND PRECAUTIONS TO BE OBSERVED

1. Diving operations shall be in accordance with the Diving at Work Regulations 1997 and the associated ACOP L104 (second addition) Published 2014.
2. 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.
3. 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**
4. The Diving Supervisor shall inform the Harbour Master / Dock Master immediately before a diver enters the water and on suspension / completion of diving operations.
5. The Diving Supervisor will comply with all instructions issued by the Harbour Master.
6. The Diving Supervisor shall monitor VHF channel _____ at all times.
7. Fixed barriers must be used to cordon off and protect the land side of the work area from other operations.
8. All relevant information (including hazards and controls) must be communicated to all personnel involved.
9. 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.

GENERAL CHECKS

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|--|------------------------------|-----------------------------|--|
| 1. Does the Diving Supervisor have a copy of the Port Diving Information Plan / Rules? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| 2. Has a diving project plan been prepared and is there a copy on site? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| 3. Have steps been taken to eliminate hazards to divers from propellers, inlets, outlets, etc? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |

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 Master Tel: _____ Fax: _____ email: _____

KNOWN VESSEL MOVEMENTS IN VICINITY OF DIVING OPERATIONS

VESSEL	TIME	VESSEL	TIME

Restrictions: _____

FOR INTERNAL USE	REQUEST RECEIVED:-	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, <h3 style="text-align: center;">PERMISSION GRANTED</h3> Signed _____ ABP Authorised Person Date: _____ Time: _____	<h3 style="text-align: center;">PERMISSION REFUSED</h3> Signed _____ ABP Authorised Person Date: _____ Time: _____		

