

ABP ASSOCIATED BRITISH PORTS
REQUEST FOR PERMISSION TO DIVE

REQUEST NO.

Location of Diving Operation _____ Vessel _____

Time of Diving Operation From _____ To _____

Diving Contractor _____

Address _____

Tel. No. _____ Fax No. (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 _____

NOTE: NO DIVING OPERATIONS ARE TO BE CARRIED OUT PRIOR TO PERMISSION BEING GRANTED
GENERAL CONDITIONS AND PRECAUTIONS TO BE OBSERVED (Tick or as appropriate)

1. Diving operations shall be in accordance with the Diving at Work Regulations 1997 and the associated Approved Code of Practice.
2. At all times during the operation an "A" Flag shall be displayed.
3. The diving team shall consist of at least 4 persons, namely: Diving Supervisor, Diver, Standby Diver and Tender.
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. Do you have a copy of the Port diving Information Plan/Rules No. ____? Yes No
8. Has a diving project plan been prepared and is there a copy on site?
9. Have steps been taken to eliminate hazards to divers from propellers, inlet, outlets, etc?

I declare that all the aforementioned requirements have all 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 the stated area and time.

Signed by Diving Supervisor _____

Forward to: Harbour/Dock Master _____ Tel: _____ Fax: _____

KNOWN VESSEL MOVEMENTS IN VICINITY OF DIVING OPERATIONS

Vessel(s) _____ Time _____

Vessel(s) _____ Time _____

Vessel(s) _____ Time _____

Restrictions _____

FOR INTERNAL USE	DATE/TIME REQUEST RECEIVED
Subject to the information stated in this request being and remaining complete and accurate, and to strict adherence to the general conditions and precautions specified above, permission granted. _____ (ABP AUTHORISED PERSON) Date _____ Time _____	Permission refused _____ (ABP AUTHORISED PERSON) Date _____ Time _____