Dive Permit

**(To Be Completed by the Dive Supervisor)**

***Permit number should be a reference number made up of the day, month, year and dive location (e.g. 230815/LeithLocks).***

|  |  |
| --- | --- |
| **Diving Company**  | Click here to enter text. |
| **Diving Supervisor**  | Click here to enter text. |
| **Contact Telephone No.** | Click here to enter text. |
| **Contracting Company** | Click here to enter text. |
| **Location** | Click here to enter text. |
| **Date/Time From** | DD MM YY hh:mm | **To** | DD MM YY hh:mm |
| **Exclusion Zone Required** | Click here to enter text. |

Communication between the Dive Supervisor and the Responsible Marine Person will be carried out via:

|  |  |  |
| --- | --- | --- |
|  | **VHF Channel** | **Telephone Number** |
| **Leith Harbour** | **12** |[ ]  **0131 555 8900** |[ ]
| **Grangemouth Harbour** | **14** |[ ]  **01324 49 8584** |[ ]
| **Dundee Harbour** | **12** |[ ]  **01324 49 8584** |[ ]
| **Forth & Tay Navigation Service (FTNS)** | **71** |[ ]  **01324 49 8584** |[ ]
| **Marine Department Tilbury**  | **4** |[ ]  **01375 852 456** |[ ]
| **Other (Specify)** | Click here to enter text. |[ ]  Click here to enter text. |[ ]

|  |  |  |  |
| --- | --- | --- | --- |
|  | **YES** | **NO** | **N/A** |
| The diving operation shall be carried out in accordance with the Diving at Work Regulations 1997 and subsequent amendments and the appropriate Approved Code of Practice. |[ ] [ ] [ ]
| International signal flag ‘A’ shall be exhibited in order to warn shipping of the presence of divers. |[ ] [ ] [ ]
| AreIsolations Required (e.g. Locks, Sluices, Vessels etc.)? If yes |[ ] [ ] [ ]
| **Isolation type****(Mechanical, Electrical, Other)** | **Plant / Equipment to be isolated** | **Signature of person completing isolation** |
| Click here to enter text. | Click here to enter text. | *Signature* |
| Click here to enter text. | Click here to enter text. | *Signature* |
| Click here to enter text. | Click here to enter text. | *Signature* |

**I declare that the foregoing requirements have will be satisfied and I have read and understood the conditions above.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Dive Supervisor (Signature)** | *Signature* | **Date** | DD MM YY  |
| **Name (Print)** | Click here to enter text. |

**For Official Use**

|  |  |  |
| --- | --- | --- |
| **Navigational Clearance Approved** | **YES** |[ ]  **NO** |[ ]
| **Signed (Responsible Marine Person)** | *Signature* |
| **Name (Print)** | Click here to enter text. | **Date / Time** | DD MM YY hh:mm |
| **Forwarded to Appropriate Parties** | **Yes** |[ ]  **No** |[ ]

*Appropriate Parties could include (where relevant), Forth Ports Engineering Departments, Forth Ports Operations teams, Tenants, Vessel Masters, Responsible Marne Persons*

**Commencement of Diving**

I declare that communications with the Dive Supervisor are established and diving operations have commenced with approval of Responsible Marine Person

|  |  |
| --- | --- |
| **Signed (Diving Supervisor)** |  |
| **Name (Print)** |  |
| **Date / Time** |  |

**Temporary Suspension**

I declare that all diving operations have ceased and that the Diving Team are clear of the water.

|  |  |
| --- | --- |
| **Signed (Diving Supervisor)** |  |
| **Name (Print)** |  |
| **Date / Time** |  |

I declare that this Dive Permit is hereby suspended.

|  |  |
| --- | --- |
| **Signed (Responsible Marine Person)** |  |
| **Name (Print)** |  |
| **Date / Time** |  |

I declare that this Dive Permit is hereby resumed.

|  |  |
| --- | --- |
| **Signed (Responsible Marine Person)** |  |
| **Name (Print)** |  |
| **Date / Time** |  |

I declare that all diving Permit have ceased and that the Diving Team are clear of the water.

|  |  |
| --- | --- |
| **Signed (Diving Supervisor)** |  |
| **Name (Print)** |  |
| **Date / Time** |  |

I declare that this Dive Permit is hereby suspended.

|  |  |
| --- | --- |
| **Signed (Responsible Marine Person)** |  |
| **Name (Print)** |  |
| **Date / Time** |  |

I declare that this Dive Permit is hereby resumed.

|  |  |
| --- | --- |
| **Signed (Responsible Marine Person)** |  |
| **Name (Print)** |  |
| **Date / Time** |  |

**Permanent Withdrawal**

I declare that all diving operations have ceased, and that the Diving Team are clear of the water.

|  |  |
| --- | --- |
| **Signed (Diving Supervisor)** |  |
| **Name (Print)** |  |
| **Date / Time** |  |

I declare this Diving Permit to Work herby withdrawn.

|  |  |
| --- | --- |
| **Signed (Responsible Marine Person)** |  |
| **Name (Print)** |  |
| **Date / Time** |  |