Dive Company: ............................................. Dive Supervisor: ..........................................................

Location of Dive: ............................................ Vessel (if applicable): ..................................................

Start of Dive: .................................... (Date/time) Expected completion: ................................... (Date/time)

**Communications with Local Port Services:**

VHF Channel 12 Mobile telephone Tel No: ......................................................

**There should be 2 reliable means of communications of which one should preferably be VHF CH 12**

**DECLARATION BY DIVING SUPERVISOR**

The Diving Supervisor is required to confirm full compliance with the Diving Operations at Work Regulations (1997) and subsequent amendments, in the following respects:

a) Proof of the Diving Contractor’s registration with the HSE

b) The diving team consists of the minimum requirement as specified by current legislation and the names of the team members are available

c) Divers are in possession of the following:

1) Diver Training Certificate

2) Diving First Aid Certificate

3) A certificate of medical fitness to dive

d) Procedures are in place for summoning assistance in an emergency

e) Effective means of communication between the diving location and Port Marine Services are in place

f) A full Risk Assessment has been carried out

g) Diver in and out of water will be notified to Port Marine Services

I declare that the foregoing requirements have all been satisfied and will be maintained throughout the duration of the diving operation. The diving operation will take place only within the stated limitations of place and time. I understand that the diving operation may be subject to an audit by an official of the port.

Signed: ................................................................ **Dive Supervisor**

Name: ................................................................. Date/time: .......................................

**Please return to:** [gymarineservices@peelports.com](mailto:gymarineservices@peelports.com) [gyharbouroffice@peelports.com](mailto:gyharbouroffice@peelports.com)

|  |
| --- |
| All vessels within the dive location have been informed that diving is taking place and that they must not manoeuvre or turn their propellers within the time stated. No shipping will be allowed to approach the dive location described above. Permission to dive is: |

**Granted subject to contact with Local Port Services prior to dive / Refused**\* (Delete as appropriate)

Signed: ............................................................. **Duty Marine Manager / LPS Operator** (Delete as appropriate)

Name: ............................................................... Date/time: ..........................................

Date/Time of completion and permit closed: ………………………… Name: ……………………………………

**\***Reason for refusal (if appropriate) …….…………………………………………………………………………………..