

## REQUEST FOR PERMISSION TO DIVE

Dive Company:

Dive Supervisor:

Location of Dive:

Vessel/s (if applicable):

Size of dive team:

Type of Dive Operation (SSE/SCUBA):

Purpose of Dive Operations:

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

### Communications with Medway VTS:

VHF Channel 74?  Mobile telephone?  Tel No:

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

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### 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 Medway VTS are in place
- f) A full Risk Assessment has been carried out
- g) Diver in and out of water will be notified to Medway VTS

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: Project Manager

Date/time:

Print Name:



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All vessels operating in close proximity to the dive location have been informed that diving is taking place via a Medway Notice to Mariners and that they must pass or manoeuvre with extreme caution 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 Peel Ports Marine Managers prior to dive / Refused\*  
(Delete as appropriate)

Signed: ..... Duty Harbour Master

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

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

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\* Reason for refusal (if appropriate)  
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