

TERMINAL / BERTH / JETTY/AREA		EXACT LOCATION	
DATE		CLIENT	
DIVE OPERATION FROM (TIME)		DIVE OPERATION TO (TIME)	
DIVING CONTRACTOR			
TELEPHONE		EMAIL	
DIVE SUPERVISOR'S NAME			DIVE SITE CONTACT NUMBER
DIVE TENDER NAME		CALLSIGN	VHF CHANNEL(S) 12

DESCRIPTION OF WORK TO BE CARRIED OUT

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NO DIVING OPERATIONS TO BE CARRIED OUT WITHOUT HARBOUR AUTHORITY PERMISSION

DIVE DECLARATION, GENERAL CONDITIONS AND PRECUATIONS

- Diving operations shall be in accordance with the Diving at Work Regulations 1997 ACOP L104/2014 and all subsequent amendments
- The dive operation will be surface supply and shall consist of a least five persons: A supervisor; a working diver; a standby diver; a tender for the working diver & a tender for the standby diver
- If using a dive tender; at all times shall display flag 'A' and at night additional lighting to highlight the operation
- The Dive Supervisor shall inform Estuary Radio (LPS) on **VHF Ch 12** or Telephone **0151 949 6651** immediately before a diver enters the water on suspension and completion of diving operations
- The Dive Supervisor will comply with all instructions issued by the Harbour Master
- The Diving Supervisor shall monitor **VHF CHANNEL 12** at all times.
- Fixed barriers must be used to cordon off the land side of the work area from other operations
- All personnel involved in the operation must be fully aware of the content of the dive plan, existing hazards and controls and any other relevant information
- Other persons not directly involved who might be affected by the dive operation are to be informed prior to commencement of the dive operation

Does the Dive Supervisor have a copy of Clydeport's Dive Policy?	YES	Has a Dive Project Plan been prepared and is there a copy on site?	YES	Have steps been taken to eliminate or control existing hazards to divers?	YES
	NO		NO		NO

I have a completed Dive Permit from the Berth Operator/Owner iaw their instructions and I declare that the aforementioned requirements have been satisfied. Precautions have been taken and will be maintained for the duration of the dive operation, and will not operate outside of the stated area and times.

Signed(Diving Supervisor):..... Name:..... Date/Time:

Countersigned: LPS..... Email: ipsclydeheysham@peelports.com

Terminal Manager:..... Email: kqvops@peelports.com or got.operations@peelports.com

Forward for information to: Clydeport.portlinks@peelports.com & GroupPortControl.ShiftManagers@peelports.com

*LPS are to fill out the below section detailing conflicting vessel movements

VESSEL	BERTH/LOCATION	ETA	ETD

RESTRICTIONS			
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FOR INTERNAL USE	REQUEST RECEIVED DATE	TIME
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Subject to the above criteria being and remaining complete and accurate;	PERMISSION GRANTED		PERMISSION REFUSED	
	Signed:	Clydeport Marine Manager	Signed:	Clydeport Marine Manager
	Date:	Time:	Date:	Time: