

PERMIT TO DIVE

Dive Request No. /

| | | | | | | | |
|---|-----------------------|----------------------------------|--|---|---|---|------------------|
| TERMINAL / BERTH / JETTY/AREA | | | EXACT LOCATION | | | | |
| DATE | | | CLIENT | | | | |
| PLANNED DIVE OPERATION FROM (TIME) | | PLANNED DIVE OPERATION TO (TIME) | | PERMIT VALID FROM (TIME) | | PERMIT VALID TO Time (+ 24hrs) | |
| DIVING CONTRACTOR | | | DIVE OPERATOR APPROVED THROUGH CONTROL OF CONTRACTORS | YES | | NO (The dive contractor must be approved by Peel Ports) | |
| TELEPHONE | | | EMAIL | | | HAZARD DATA SHARED WITH CONTRACTOR | YES NO |
| DIVE SUPERVISOR'S NAME | | | DIVE SITE CONTACT NUMBER | | | | |
| DIVE TENDER NAME | | | CALLSIGN | | | VHF CHANNEL(S) | 12 |
| NO DIVING OPERATIONS TO BE CARRIED OUT WITHOUT A VALID HARBOUR AUTHORITY DIVE PERMIT | | | | | | | |
| DIVE DECLARATION, GENERAL CONDITIONS AND PRECUATIONS | | | | | | | |
| 1. Diving operations shall be in accordance with the Diving at Work Regulations 1997 ACOP L104/2014 and all subsequent amendments 2. 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 3. If using a dive tender; at all times shall display flag 'A' and at night additional lighting to highlight the operation 4. 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 | | | | 5. The Dive Supervisor will comply with all instructions issued by the Harbour Master 6. The Diving Supervisor shall monitor VHF CHANNEL 12 at all times. 7. Fixed barriers must be used to cordon off the land side of the work area from other operations 8. 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 9. 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 | NO | Has a Dive Project Plan been prepared and is there a copy on site? | YES | NO | Have steps been taken to eliminate or control existing hazards to divers? | YES NO |
| 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. | | | | | | | |
| POSITION SIGNING / COUNTERSIGNING | NAME - PRINTED | | EMAIL | | DATE | TIME | SIGNATURE |
| DIVE SUPERVISOR | | | | | | | |
| CLIENT RESPONSIBLE PERSON | | | | | | | |
| TERMINAL/LOCATION RESPONSIBLE PERSON | | | | | | | |
| CLYDE LPS OPERATOR | | | lpscopydeheysham@peelports.com | | | | |
| CLYDEPORT HARBOUR AUTHORITY | | | Clydemarinemanagers@peelports.com | | | | |
| Terminal Managers who require notification can be reached via the following emails: | | | KGV - kqvops@peelports.com | GOT - | Marine forwarding contacts: Clydeport.portlinks@peelports.com & GroupPortControl.ShiftManagers@peelports.com | | |
| HANDOVER COUNTERSIGNATURES: | LPS 1 | | LPS 2 | | TERMINAL 1 | | TERMINAL 2 |
| | | | | | | | OTHER |

| VESSEL MOVES | BERTH/LOCATION | ETA | ETD | PERMIT SUSPENSION | | PERMIT REVALIDATION | |
|---|--|------------|------------------|--|--|--|--|
| | | | | TIME OF SUSPENSION | | PERMIT VALID FROM (TIME): | |
| | | | | DATE OF SUSPENSION: | | PERMIT VALID TO (+24HRS): | |
| | | | | PERMIT SUSPENSION | | DATE OF REVALIDATION: | |
| | | | | | | STATUS OF ISOLATIONS AND EQUIPMENT: | |
| RESTRICTIONS | | | | REASON FOR SUSPENSION: | | | |
| FOR INTERNAL USE | REQUEST RECEIVED DATE | TIME | FOR INTERNAL USE | Dive Supervisor Name: | | Dive Supervisor Name: | |
| Subject to the above criteria being and remaining complete and accurate; PERMIT TO DIVE GRANTED Signed: Clydeport Permit Authoriser Date: Time: | Dive operations are complete and all isolations and equipment has been handed back in accordance with the procedure; PERMIT TO DIVE CLOSED Signed: Clydeport Permit Authoriser Date: Time: | | | Date/Time: | | Date/Time: | |
| | | | | Permit Authoriser Name: | | Permit Authoriser Name: | |
| | | | | Date/Time: | | Date/Time: | |
| | | | | Countersigned LPS Name: | | Countersigned LPS Name: | |
| Date/Time: | | Date/Time: | | Countersigned Terminal Manager / Harbour Authority Name: | | Countersigned Terminal Manager / Harbour Authority Name: | |
| Date/Time: | | Date/Time: | | Date/Time: | | Date/Time: | |
| PERMIT RECIPIENT: | PERMIT RECIPIENT: | | | Date/Time: | | Date/Time: | |
| Signed | Signed | | | | | | |
| Date: Time: | Date: Time: | | | | | | |