## VESSEL IMMOBILISATION PERMISSION (In Clydeport Jurisdiction)



Vessels wishing to immobilise any propulsion, are expected to ensure compliance with their own Safety Management System and Permit to Work System. The purpose of this form is to obtain consent/permission from the SHA and Terminal/Berth owner/operator.

In this context Vessel Immobilisation means the removal from immediate use of any machinery or system that inhibits or affects the ability of the vessel to manoeuvre.

Terminal Permission is to be sought prior to submission. The form needs to be signed and returned completed to <u>clydemarinemanagers@peelports.com</u>. For Clydeport Terminals, the following emails are to be used;

Terminal	Email	
Ardrossan	Clydemarinemanagers@peelports.com	
Anchorage	Clydemarinemanagers@peelports.com	
Hunterston	KVOps@peelports.com	
Port of Greenock, Greenock Ocean Cruise	GOT.operations@peelports.com	
Terminal or Inchgreen/Great Harbour		
Rothesay Dock and KGV	KVOps@peelports.com	

Non-Clydeport Terminals and Berths are to be contacted via information provided by your agent.

Immobilisation is not routinely undertaken in Clydeport Anchorages. However, should this be requested, Clyde Marine Managers will consider the request and grant or deny permission based on the additional information provided below for safety of navigation and protection of the marine environment. Should the permission be refused, it is likely arrangements will need to be made alongside before the vessel can leave the SHA.

Name of Vessel:	
Name of Master:	
Vessel Phone Number:	
Terminal / Anchorage*:	
Berth:	
Date of Immobilisation:	DD / MM / YY
Immobilisation Times: (Start / Finish)	
Duration of expected Immobilisation:	
Time to bring propulsion back online in	
emergency:	
Ship's Agent:	
Billing details:	
PO Number:	
Reason for Immobilisation Request:	

Peel Ports Clydeport, Marine Department, Greenock Ocean Terminal, Patrick Street, GREENOCK, PA16 8UU Tel: 0151-949 6651: E-Mail: clydemarinemanagers@peelports.com

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*Anchorage Permissions	
Intended Anchorage for the operation:	
Which anchor (port/stbd) and no. of shackles:	
Expected Weather:	
Redundant Propulsion (at immediate notice):	

Signature of Agent or Master:	
Name:	
Date:	DD / MM / YY

Signature of Terminal Manager:	
Name:	
Date:	DD / MM / YY

The above application is:	Granted:	YES/NO*
	Date:	DD / MM / YY
Duration of Permission	Start Time	Finish Time
Caveats	Additional Moorings, required to shift, depart the anchorage	
Signed for Group Harbour Master:		
Name:		

Approved Forms will be sent to; the vessel; <u>lpsclydeheysham@peelports.com;</u> <u>Clydeport.Portlinks@peelports.com</u>; the applicable terminal; <u>Clyde.pilots@peelports.com</u>

The permission has an approved duration. Should the vessel require to extend that, <u>Clydemarinemanagers@peelports.coms</u> need to be notified as soon as possible.