

	Peel Ports Great Yarmouth		Doc No: M087
			Initial Issue Date: 16/08/2017
Request for Permission to Dive			Revision Date: 19/02/2021
			Revision No. 5
			Next Review Date: 19/08/2022
			Page: 1 of 1
Preparation: Marine Dept	Authority: Marine	Issuing Dept: Marine	

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

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 Local Port Services are in place
- f) A full Risk Assessment has been carried out
- g) Diver in and out of water will be notified to Local Port 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 gyharbouoffice@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)