

Port%5Fname

**MS01 - MARINE DIVING REQUEST**

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| --- | --- | --- | --- | --- |
| Name of vessel: | | | | |
| Berth: | | | | |
| Brief description of planned dive including vessel location: | | | | |
| Expected start date: time: | | | Estimated completion date: time: | |
| Name and Rank of person onboard responsible for the dive: | | | | |
| Dive Contractor Company carrying out the dive: | | | | |
| Name and contact details (mobile phone) of Dive Supervisor (Dive Contractor) responsible for the dive: | | | | |
| Is the completed ships dive permit available on board for inspection? **YES 🞎 / NO 🞎** | | | | |
| Has all necessary machinery been isolated and locked out/tagged out**? YES 🞎 / NO 🞎** | | | | |
| Is the risk assessment and method statement available on board for inspection? **YES 🞎 / NO 🞎** | | | | |
| Confirm that the dive will be conducted according to Diving at Work Regulations 1997  **YES 🞎 / NO 🞎** | | | | |
| Name, position and signature of person completing this form: | | | | |
| MARINE DEPT. ONLY | | | | |
| Marine General Permit Authorisation as an awareness of works: | | | | |
| From Time/Date: | | To Time/Date: | | |
| Name: | Posn: | | | Date: |

**Form to be completed in full and returned to the Signal Station in order to receive permission to carry out diving on non TBPC vessels. Documents referred to should be available for inspection.**

**When completed please send to –** [**signal.station@bristolport.co.uk**](mailto:signal.station@bristolport.co.uk)

**Call Avonmouth/Portbury dock radio on ch14 before entering the water, and when clear.**