

REQUEST FOR PERMISSION TO DIVE

Please complete in block capitals, clearly and legibly Or Click 'Tools' then click 'Fill and Sign' - to complete electronically

LOCATION:				
Date of diving operation:	Time of diving operation From:	hrs	To:	hrs
Diving Contractor:				
Address:				
Diving Supervisor's Name:				
Diving Site Telephone No:	VHF Call Sign:			
Description of work to be carried out:				
NO DIVING OPERATIONS	S ARE TO BE CARRIED OUT P	RIOR TO	PERMISS	SION BEING
	GRANTED			
GENERAL CONDITIONS AND PRE	CAUTIONS TO BE OBSERVED			
	accordance with the Diving Regulations 20	018 (SI 254/2	018) and the	HSA Code of
	n an 'A' Flag shall be displayed. If diving	at night additi	onal measure	es may be needed to
highlight highlight the operation The diving team shall consist of				
	orm the Harbour Master immediately before	e a diver ente	ers the water	and on
	ply with all instructions issued by the Harl	bour Master		
6 The Diving Supervisor shall mo	onitor VHF Ch: 14/16/ at all t	imes		
	ing hazards and controls) must be communitions that could be affected by the task, or			
GENERAL CHECKS				
	prepared and is there a copy on site?			YES NO
2 Have steps been taken to elimin	ate hazards to divers from propellors, inlet	ts, outlets etc?	•	YES
	ments have been satisfied. Precautions having operation, and will not operate outside			ty arrangements will
Signed by the Diving Supervisor:	D	ate:		_
Please forward to Harbour Master:				
FOR INTERNAL USE ONLY				
Any known shipping movements:				

PERMISSION GRANTED

Signed:

Harbour Master

PERMISSION REFUSED

Signed:

Harbour Master