

22.0 ANNEX 10 - DIVING REQUEST

REQUEST TO CARRY OUT DIVING OPERATIONS WITHIN THE LIMITS OF THE PORT OF TYNE			
LOCATION		VESSEL	
DIVING FROM DATE/TIME		DIVING TO DATE/TIME	
DIVING CONTRACTOR			
ADDRESS			
TEL NUMBER (SITE)		EMAIL (SITE)	
DIVING SUPERVISOR			
VHF CALL SIGN			
DESCRIPTION OF WORKS			
CLIENT			

NOTE: NONE OF THE ABOVE WORKS ARE TO BE CARRIED OUT PRIOR TO ACKNOWLEDGEMENT FROM TYNE VTS

GENERAL CONDITIONS AND PRECAUTIONS TO BE OBSERVED

1. Diving operations shall be in accordance with the Diving at Work Regulations 1997 and the appropriate Approved Codes of Practice.
2. At all times during the operations an 'A' Flag shall be PROMINENTLY displayed.
3. The diving team will consist of at least 6 persons namely; Diving Supervisor, Diver, Standby Diver and Tender x2.
4. **Using VHF channel 12, the Diving Supervisor shall inform VTS immediately before a diver enters the water and VTS will inform the Diving Supervisor of relevant shipping movements.**

5. **Using VHF channel 12**, the Diving Supervisor shall inform VTS on suspension / completion of diving operations.
6. The Diving Supervisor will comply with all instructions issued by the VTS.
7. The Diving Supervisor is to conduct a radio check before any diver enters the water and is to monitor VHF channel 12 at all times.
8. If diving in the Docks area, has your operations achieved approval status from the H&S team?
Yes/No/NA
9. Has a diving project plan been prepared and is there a copy on site? **Yes or No**
10. Have steps been taken to eliminate hazards to divers from propellers, inlets, outlets etc **Yes or No**
11. I declare that all the aforementioned requirements have been satisfied, precautions have been taken and that safety arrangements will be maintained for the duration of the diving operations. Divers will not operate outside the stated area and time.

SIGNED BY DIVING SUPERVISOR

FORWARD FORM TO: asst.harbourmaster@portoftyne.co.uk | 0191 257 2080 (Option 4)

FOR INTERNAL USE

Subject to the information stated in this request being and remaining complete and accurate and to strict adherence to the precautions specified above. **Permission Granted**

Date/Time:

Authorised Person:

Permission Refused

Date/Time:

Authorised Person: