

PERMIT TO DIVE

Dive site:	Name of vessel (if applicable):
Dive Supervisor Name:	Contact Number:
Type of Dive: Surface Supply / SCUBA <small>(delete as necessary)</small>	No. of persons in Dive Team:

Contractor Information

Name:	Address:
Telephone Number:	E mail:
Public Liability Insurance No:	Valid from: To:
1 Dive Project Plan & Risk Assessment completed and copy to YHC	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
2 Diving at Work Regs. 1997 & Health & Safety at Work Act 1974 compliant	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
3 HSE ACOP L104 (second edition) 2014 compliant	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
4 Measures in place to protect members of the public from activity	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
5 Tide and weather conditions suitable for activity	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
6 Details of any site specific risks, special conditions or special precautions being taken: <small>(cont. overleaf)</small>	
7 Planned date & time of dive operations	Date: Time:
<ul style="list-style-type: none"> <i>I have personally examined the above precautions and am satisfied that all necessary safety arrangements have been taken and will be maintained for the duration of the dive</i> <i>International Code A Flag will be prominently displayed at all times during diving operations</i> <i>I will inform YHC immediately via VHF Ch68 when diving operations commence</i> <i>I will inform YHC immediately via VHF Ch68 when diving operations have been completed</i> <i>I will immediately report to YHC any dangerous occurrence or un-planned event during any part of the dive</i> <i>I will sign off the PTD before leaving site</i> 	
Dive Supervisor Name:	Signature: Date:

To be completed by Yarmouth Harbour:

Permission Granted: <input type="checkbox"/>	Signature: Date:
Permission Refused: <input type="checkbox"/>	Name: HM/DHM/Duty Officer (Delete as applicable)
Reason for refusal:	

COMPLETION

10 Date & time diving operations completed	Date:	Time:
11 Diving Operations completed without incident. Area safe to use	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Complete Incident Report

Dive Supervisor Name:	Signature:	Date:
YHC Name:	Signature: HM/DHM/Duty Officer (Delete as applicable)	Date: