

PERMIT TO LAUNCH / RECOVER VESSELS (COMMERCIAL)

Location of slipway:		Method: eg type of trailer/vehicle/plant:		
Name of vessel:	Type:	LOA:	Mooring location:	

Contractor Information

Name:		Address:		
Telephone Number:		E mail:		
Public Liability Insurance No:		Valid from:		To:
1	Fee agreed & paid	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	
2	Risk Assessment completed and available	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	
3	Vessel is seaworthy and safe to launch	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	
4	Equipment/vehicles/plant compliant with relevant HSE Legislation & ACOP's	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	
5	Sufficient and competent personnel available for launch/recovery	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	
6	Adequate space available for manoeuvring launching /recovery vehicle	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	
7	Measures in place to protect members of the public from activity	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	
8	Tide and weather conditions suitable for activity	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	
9	Details of any site specific risks, special conditions or special precautions being taken: (cont. overleaf)			

10	Planned date & time of launch/recovery	Date:	Time:
<ul style="list-style-type: none"> 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 launch/recovery I will inform YHC immediately via VHF Ch68 when launching operations commence I will inform YHC immediately via VHF Ch68 when launching operations have been completed I will immediately report to YHC any dangerous occurrence or un-planned event during the launch/recovery I will sign off the Permit to Launch/Recover before leaving site 			
Name:		Signature:	Date:

To be completed by Yarmouth Harbour:

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

COMPLETION

10	Date & time launch/recovery completed	Date:	Time:
11	Launch/recovery completed without incident. Slipway safe to use	Yes: <input type="checkbox"/>	No: <input type="checkbox"/> Complete Incident Report

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