

DIVING OPERATIONS PERMIT



PoCF Permit No: PW

Company name:	
HSE registration no.	
Location (vessel, berth no. etc.) and maximum depth:	
Description of diving operation to be undertaken:	
Diving project plan is kept at:	

I accept responsibility for ensuring that the control measures and precautions listed overleaf are applied during the course of this work and confirm that a full risk assessment and Method Statement/Operation Procedure for the work involved has been carried out.

Responsible Person Name & Signature:	Date & Time
Time permit starts:	Date:
Time permit expires: VALID FOR NO MORE THAN 12 HRS	Date:
Contact number (24 hour):	

Authorised Person Name & Signature	Date & Time
Authorisation to extend permit to: MAXIMUM 6 HRS	Signature & Name:

Sign off that work is ***completed/*suspended**

Responsible Person Name & Signature:	Date & Time
Authorised Person Name & Signature:	Date & Time

**delete as appropriate*

Please complete diver details on reverse prior to seeking authorisation.

PLEASE RETURN SIGNED PERMIT TO shipping@cfpa.co.uk

Copies

1. Worksite
2. Port Radio (shipping@cfpa.co.uk)
3. Service Base Office

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Control Measures and Precautions Necessary Checklist	Yes
The diving operations shall be carried out in accordance with the Diving at Work Regulations 1997 and subsequent amendments	
Appropriate flags or signals shall be exhibited in order to warn shipping of the presence of divers	
Communication must be established with Port Radio (VHF Channel 11)	
Port Radio must be kept informed on diver entry and exit from the water	

The diving team consists of:

Name	HSE Diving Certificate No.	Medical Certificate Expiry Date

By granting this permit Port of Cromarty Firth do not accept responsibility for any accident, damage or claim from or as a result of, the use of this permit.