



Harbour Master  
 Dart Harbour &  
 Navigation Authority,  
 6 Oxford Street,  
 Dartmouth,  
 Devon,  
 TQ6 9AL

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website: www.dartharbour.org  
 e-mail: info@dartharbour.org



**Commercial Dive Permit No. \_\_\_\_\_**

Date of Dive		Time of Dive	From	To
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<b>Name of Diving Contractor &amp; Contractor Number</b>	
<b>Full Address of Contractor</b>	
<b>Contact Tel/Mobile No(s)</b>	[ _____ ] _____ [ _____ ] _____

<b>Supervisor</b>		
Name	Diving Qualification	Number of Diving Qualification

<b>If dive is being conducted from a vessel</b>		
Name of Vessel	Person in Charge of Vessel	Name of Nominated Lookout

<b>Dive Details</b>													
Number of Divers involved in Dive	<p style="text-align: center;"><b>ACOP under which Dive will be undertaken (tick box)</b></p> <table style="width: 100%;"> <tr> <td>Commercial Offshore</td> <td><input type="checkbox"/></td> <td>Commercial Inshore</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Recreational Projects</td> <td><input type="checkbox"/></td> <td>Media Projects</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Scientific Projects</td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> </table>	Commercial Offshore	<input type="checkbox"/>	Commercial Inshore	<input type="checkbox"/>	Recreational Projects	<input type="checkbox"/>	Media Projects	<input type="checkbox"/>	Scientific Projects	<input type="checkbox"/>		
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Scientific Projects	<input type="checkbox"/>												

<b>Area of Dive</b>	
<b>Location</b>	
<b>Intended Operation</b>	

<i>(to be completed by Dart Harbour)</i> <b>Tidal Information</b>	
<b>Weather Data</b>	
<b>Known Shipping Movements</b>	

<i>(to be completed by Dart Harbour)</i> <b>Restrictions</b>	
<b>Instructions</b>	<p><u>All</u> diving operations must display the appropriate International Code Signal whilst diving takes place.  The Harbour Office must be informed by either VHF or telephone <u>before</u> and <u>after</u> diving takes place. If diving operations take place outside of normal working hours then an answer phone message <u>must</u> be left at the Harbour Office giving start and finish times of diving operations.</p>

The dive will be conducted under relevant HSE ACOP's the contents of which I am aware and a site specific risk assesment has been undertaken.

Signed \_\_\_\_\_ Dive Supervisor

Signed \_\_\_\_\_ Harbour Master/Assistant Harbour Master

Time/Date of Issue \_\_\_\_\_

Time Dive Completed \_\_\_\_\_

Signature of Person Notified \_\_\_\_\_

Name of Person Notified \_\_\_\_\_