



Rob Giles BEng. M.N.I.
 Harbour Master
 Dart Harbour &
 Navigation Authority,
 6 Oxford Street,
 Dartmouth,
 South Devon,
 TQ6 9AL

tel: 01803 832337
 fax: 01803 833631

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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Name of Diving Contractor & Contractor Number	
Full Address of Contractor	
Contact Tel/Mobile No(s)	[_____] _____ [_____] _____

Supervisor		
Name	Diving Qualification	Number of Diving Qualification

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

Dive Details	
Number of Divers involved in Dive	ACOP under which Dive will be undertaken (tick box)
	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"/>

Area of Dive	
Location	
Intended Operation	

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

<i>(to be completed by Dart Harbour)</i> Restrictions	
Instructions	<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 <u>giving</u> start and finish times of diving operations.

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 _____