



Dart Harbour

Dive Permit

Permit No.

Permit number should be a reference number made up of the day, month, year and dive location

Diving Company			
Diving Supervisor			
Contact Telephone No.			
Contracting Company			
Location			
Date/Time From		To	
Exclusion Zone Required			

Communication between the Dive Supervisor and the Responsible DHNA Person will be carried out via:

	VHF Channel		Telephone Number	
Dart Harbour	11	<input type="checkbox"/>	01803 832337	<input type="checkbox"/>
Dart Harbour Duty Mobile		<input type="checkbox"/>	07968 839846	<input type="checkbox"/>
Other (Specify)	Click here to enter text.	<input type="checkbox"/>	Click here to enter text.	<input type="checkbox"/>

Documents sighted and copied to file	Dive Certification	<input type="checkbox"/>	Medical certificates	<input type="checkbox"/>	Method Statements	<input type="checkbox"/>	Risk assessments	<input type="checkbox"/>	Insurance Certificate	<input type="checkbox"/>

	YES	NO	N/A
The diving operation shall be carried out in accordance with the Diving at Work Regulations 1997 and subsequent amendments and the appropriate Approved Code of Practice.	x	<input type="checkbox"/>	<input type="checkbox"/>
International signal flag 'A' shall be exhibited in order to warn shipping of the presence of divers.	x	<input type="checkbox"/>	<input type="checkbox"/>
Are Isolations Required (e.g, Vessels etc.)? If yes	x	<input type="checkbox"/>	<input type="checkbox"/>

Isolation type (Mechanical, Electrical, Other)	Plant / Equipment to be isolated	Signature of person completing isolation
Vessel must carry out diving isolations as per vessels PTW system	Vessel must carry out diving isolations as per PTW system	Senior Officer or Engineer on board vessel and Diving Supervisor

I declare that the foregoing requirements have will be satisfied and I have read and understood the conditions above.

Dive Supervisor (Signature)		Date	
Name (Print)			

For Official Use

Navigational Clearance Approved	YES	x	NO	<input type="checkbox"/>
Signed (Responsible Person DHNA)				
Name (Print)		Date / Time		



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Commencement of Diving

I declare that communications with the Dive Supervisor are established and diving operations have commenced with approval of Responsible Person from DHNA

Signed (Diving Supervisor)	
Name (Print)	
Date / Time	

Temporary Suspension

I declare that all diving operations have ceased and that the Diving Team are clear of the water.

Signed (Diving Supervisor)	
Name (Print)	
Date / Time	

I declare that this Dive Permit is hereby suspended.

Signed (Responsible Marine Person)	
Name (Print)	
Date / Time	

I declare that this Dive Permit is hereby resumed.

Signed (Responsible Marine Person)	
Name (Print)	
Date / Time	

I declare that all diving Permit have ceased and that the Diving Team are clear of the water.

Signed (Diving Supervisor)	
Name (Print)	
Date / Time	

I declare that this Dive Permit is hereby suspended.

Signed (Responsible Marine Person)	
Name (Print)	
Date / Time	

I declare that this Dive Permit is hereby resumed.

Signed (Responsible Marine Person)	
Name (Print)	
Date / Time	

Permanent Withdrawal

I declare that all diving operations have ceased, and that the Diving Team are clear of the water.

Signed (Diving Supervisor)	
Name (Print)	
Date / Time	

I declare this Diving Permit to Work herby withdrawn.

Signed (Responsible Marine Person)	
Name (Print)	
Date / Time	