|  |
| --- |
| Request No. |
|       |



**REQUEST PERMISSION FOR UNDERWATER ROV INSPECTION**

|  |  |
| --- | --- |
| **Port:**       | **Location:**       |

Exact location of the work (use port plan to illustrate exact location and size of work area):

**Time of ROV Inspection From:**       hrs **To:**       hrs **Date:**

**ROV Contractor:**

**Address:**

|  |  |  |
| --- | --- | --- |
| **Tel No.**       | **Mobile No.**       | **Email to which form is to be returned**       |

**ROV Inspection Supervisor’s Name:**

|  |  |
| --- | --- |
| **ROV Inspection Site Tel No.**       | **VHF Call Sign:**       |

**Description of work to be carried out:**

**Client:**

**NO REMOTELY OPERATED UNDERWATER VEHICLE** **(ROV) INSPECTIONS ARE TO BE CARRIED OUT PRIOR TO PERMISSION BEING GRANTED**

**GENERAL CONDITIONS AND PRECAUTIONS TO BE OBSERVED**

1. At all times during the ROV inspection an ‘A’ Flag shall be displayed. If inspection is at night, additional measures may be needed to highlight the operation.
2. The ROV Inspection Supervisor shall inform the Harbour Master immediately before ROV enters the water and on suspension / completion of ROV inspection operations.
3. The ROV Inspection Supervisor will comply with all instructions issued by the Harbour Master.
4. The ROV Inspection Supervisor shall monitor VHF channel       at all times.
5. Fixed barriers must be used to cordon off and protect the land side of the work area from other operations.
6. All relevant information (including hazards and controls) must be communicated to all personnel involved.
7. Other persons involved in operations that could be affected by the task, or could affect the task, must be made aware of what work is underway and vice versa.

**GENERAL CHECKS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. | Does the ROV Supervisor have a copy of the Port Diving Hazards Map? | **Yes** | [ ]  | No | [ ]  |
|  |  |  |  |  |  |
| 2. | Has an ROV inspection operations plan, inclusive of a Risk Assessment and Safe System of Work been prepared, provided to the Harbour Master and a copy available on site? | **Yes** | [ ]  | No | [ ]  |
|  |  |  |  |  |  |
| 3. | Have steps been taken to eliminate hazards to ROVs from propellers, inlets, outlets, etc? | **Yes** | [ ]  | No | [ ]  |

I declare that the aforementioned requirements have been satisfied. Precautions have been taken and that safety arrangements will be maintained for the duration of the inspection and will not operate outside of the stated area and times.

|  |  |  |
| --- | --- | --- |
| Signed by ROV Inspection Supervisor:       | Time:      | Date:      |

Forward to: Harbour Master Tel:       Email:

**KNOWN VESSEL MOVEMENTS IN VICINITY OF ROV INSPECTION:**

|  |  |  |  |
| --- | --- | --- | --- |
| **VESSEL** | **TIME** | **VESSEL** | **TIME** |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

Restrictions:

|  |
| --- |
| **FOR INTERNAL USE REQUEST RECEIVED:** **DATE:** **TIME:**  |
| Subject to the information stated in this request being and remaining complete and accurate, and to strict adherence to the general conditions and precautions specified above**PERMISSION GRANTED****Signed** **ABP Authorised Person****Date:       Time:**  | **PERMISSION REFUSED****Signed** **ABP Authorised Person****Date:** **Time:** |