**CONTRACTOR DIVE NOTIFICATION**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Dive Contractor:** | |  | | | | | | | | | | | | **Permit #** | | | | | |  | | | | | |
| **Dive Supervisor:** | |  | | | | | | | | | | | | **Phone:** | | | | | |  | | | | | |
| **Client Contact** | |  | | | | | | | | | | | | **Phone:** | | | | | |  | | | | | |
| **Location:** | |  | | | | | | | | | | | | **Number workers:** | | | | | |  | | | | | |
| **Description of dive method and work activity:** | | *Insert text summarizing:*   1. Where the work will be occurring. 2. What the work will involve – use diagrams or charts as appropriate. 3. What critical controls contractor will put in place. | | | | | | | | | | | | | | | | | | | | | | | |
| **Dive Type** | | General Diving (i.e. limited scientific) | | | | | | | | | | | High Risk Diving (i.e. construction work) | | | | | | | | | | | | |
|  | | SCUBA | | | | SSBA | | | | | | | | | | | Nitrox | | | | | | | | |
| **Planned start:** | |  | | | | | | | | | | | **Planned End:** | | |  | | | | | | | | | |
| **Preparation Checks x = relevant** | | | | **x** | **Client Comments,** Consult and document: | | | | | | | | | | | | | | | | | | | | |
| Harbour Master’s Instruction requirements | | | | ⌧ | Send notification with a HMI to [*harbourmaster@tasports.com.au*](mailto:harbourmaster@tasports.com.au) | | | | | | | | | | | | | | | | | | | | |
| VTS wharf block requirements | | | |  | (*ring VTS to confirm*) | | | | | | | | | | | | | | | | | | | | |
| Berthed vessel engines and inlet locked out | | | |  | (*discuss with vessel’s nearby*) | | | | | | | | | | | | | | | | | | | | |
| Electrical / Structural hazards identified | | | |  |  | | | | | | | | | | | | | | | | | | | | |
| Wharf signage | | | |  |  | | | | | | | | | | | | | | | | | | | | |
| TasPorts SIMOPS and other considerations | | | |  |  | | | | | | | | | | | | | | | | | | | | |
| **Contractor Mandatory Checks x = Confirmed in place and effective** | | | | | | | | | | | | | | | | | | | | | | | | |
| Dive Supervisor has relevant qualifications | | | | | | | | |  | | Dive Plan prepared by competent person | | | | | | | | | | | | |  | |
| General and High-Risk Divers have relevant qualifications | | | | | | | | |  | | Dive Log | | | | | | | | | | | | |  | |
| Divers have current certificate of medical fitness | | | | | | | | |  | | Dive risk assessment / SWMS completed | | | | | | | | | | | | |  | |
| Commercial vessel Survey and Certificate of Operations | | | | | | | | |  | | Master commercial certificate | | | | | | | | | | | | |  | |
| VHF available at all times **VHF 14** | | | | | | | | |  | | Communication between diver & supervisor | | | | | | | | | | | | |  | |
| **Alpha dive flag** must be raised when diving is underway  Contractor **must call VTS** **on VHF 14** or **6380 3013** at beginning **AND** end of diving. | | | | | | | | | | | | | | | | | | | | | | | | |
| **Divers and Supervisors Name** | | | **Role** | | | | | | | | | **Qualification** | | | | | | | | | **Medical fitness certificate expiry** | | | | |
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| **Authority to undertake dive works – Client to complete *(only after approval from TasPorts Harbour Master / VTS)*** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Work starts:** |  | | | | | | | | | **Work Ends:** | | | | |  | | | | | | | | | | |
| **Issued by Name:** |  | | | | | | | **Sign:** | |  | | | | | | | | **Phone:** | | | |  | | | |
| **Acceptance Declaration – Contractor & TasPorts to complete** | | | | | | | | | | | | | | | | | | | | | | | | |
| I, the person named as ‘Dive Supervisor’ above shall be responsible for the supervision of all divers and team members working on my site and shall ensure works are carried out in accordance with all relevant Site Rules, Regulations and Standards. | | | | | | | | | | | | | | | | | | | | | | | | |
| **Dive Supervisor Name** | | | | | | | **Signature** | | | | | | | | | | | | **Date** | | | | **Client Rep** | | |
|  | | | | | | |  | | | | | | | | | | | |  | | | |  | | |