

PERMIT TO DIVE

Persons using this permit must also comply with the Diving at Work Regulation 1997, the Health and Safety Executive's Approved Code of Practice (ACOPs) and Tor Bay Harbour Bye-Law No.56.

Dive Date from			То			Job No.					
Time from			Time to						_		
Registration No. Named First Aiders			Company Name: - Address: - Tel. No. e-mail:								
	L			Dive Supe	ervisor Det	ails					
Name (print)				Dive Site Mobile No.							
Medical (in date)		Dive T	Dive Training Qualification			First Aid (in date)					
				Dive Te	eam Details	<u> </u> 					
Names of Dive Team			N	Medical (in date)			Dive Training Qualification				
Risk assessment produced			Yes/No		Ops Log		Yes/No				
Diving Project Plan			Yes	Yes/No		Divers Log					
Location of Dive											
Weather & Tidal Information											
Intended Operation											
VHF CHANNELS				Tor Bay Harbour Channel 14 – MONITOR AT ALL TIMES Solent Coastguard Channel 16							
Solent Coastguard telephone			023 925	023 9255 2100							
Tor Bay Harbour Contact Details				Telephone: 01803 208443 Email: harbour.authority@torbay.gov.uk							
Dive Supervisor (signature)								Date/time:			
HM/DHM/AHM Approval				Date/time:							