

PORT OF FUJAIRAH							
Document Title:	DIVE WORK PERMIT	Revision No.:	2				
Document No.:	ATTACHMENT 22 (a)-NTM 148V6	Revision Date:	01.11.2022				

DIVE WORK PERMIT						Permit No:				
Section 1-General Deta	iils									
Name of Ship			Туре	of Ship	Ship					
IMO No			ı	Flag						
		From				То				
Duration of Diving	Date			Date						
Operation (not more than 24 hrs)	Hours			Hours	3					
Work to be Performed										
Location of Diving				No of Div	ers					
Diving Company Name				Contact N	No.					
Registered Agent Name				Contact	No.					
	Dive Project Plan			Method S	Method Statement & Emergency Preparedness/Response					
Attached Documents	Risk Assessment			Hot Work Declaration if UW Welding/Burning						
Section 2-Details of Wo										
Section 2-Details of wo	ork									
Purpose of Diving Operation										
Description of Diving Opera	tion									
Details of sea chest/s to be cleaned or Blanking										
Details of Under Water Welding/Burning (Hot Work)										
Details of Emergency Equip	ment available									

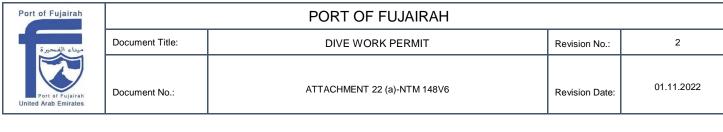


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Secti	on 3-Hazard Identification										
Check	all Potential Hazards/ Risk Impacts as applicable										
☐ Drowning			emperatu	re extre	emes		☐ Collapsed/burst lung				
☐ Secondary drowning			☐ Poor visibility				☐ Decompression sickness				
☐ Oxygen toxicity			loving eq	uipmen	t (or par	ts)	☐ Stings/bite/poison/electrocution by sea creatures				
□ Нур	ooxia / anoxia / Hypothermia	□ Radiation					☐ Rash/cuts by reefs				
□ Sal	twater aspiration syndrome	☐ Squeeze damage (blood vessels, skin under folds in dry suit, blood in lungs)					☐ Asphyxiation because of wrong gas in the cylinder				
☐ Car	bon monoxide poisoning	☐ Eardrum damage					☐ Exposure to chemicals/ biological diseases in water				
☐ Car	bon dioxide poisoning (hypercapnia)	□D	iver lost a	at sea							
Other	Anticipated Hazards										
Secti	on 4-Work Site Area										
	Risk Control		Yes	No		F	Risk Control	Yes	No		
1	Diving Operation request approval received from HSE-Marine.	ed from			18	Port Control has been commencement and a	informed before the after completion of the Diving				
2					19	Has the nearest opera identified, and is it acc	ational Hyperbaric facility been cessible.				
3	3 Divers are certified to the relevant local and international standards.				20	Flags will be displayed	d in an appropriate location.				
4	4 All Divers are fit & have valid diver's medical Examination.				21	Rudder /Bow Thruster	r is isolated.				
5 Diver's first aid kit & trained person is available.					22	Dive Watch Maintaine	ed.				
6	6 Weather conditions have been checked.				23	All dive equipments a	re serviceable and certified.				
7	7 Safety equipment is easily accessible & ready for use.				24	Is an oxygen resuscita station.	ation set available at the dive				
8	8 Has cathodic protection been turned off and tagged out.				25	Safety Precautions ar undertaken.	nd Control, planned or				
9 Diving compressor intake in clean air area.				26	Hazardous materials	are located.					
10	Communication and Working Channels established.				27	Risk Assessment com	nplied with.				
11	All non-diving equipment used in supporting divers is certified, checked prior to diving & fit for use.				28	Appropriate PPE is pr	ovided & worn.				
12	12 Dive recording & monitoring equipment are available and working.				29	The diver's individual the Diving operation.	equipments are checked before				
13					30		the Diving Operation involving Hot Work,				
The diver's communication is tested before the diving Operation.				31	Permission obtained from Port Authority for Hot Work?						
15	·				32	'Gas free, Safe for er	ntry and Hot Work permit y Chemist for Hot Work?				
16	16 Is the Vessel bunkering concurrently with Diving? Plan discussed with Bunker barge Master.				33	,					
17	-				34						

## **SECTION 5 – Authorisation to Work**

I accept this permit, agree to the conditions detailed above and the associated procedure(s), and accept responsibility as the person directly in charge of the nominated work. I have read the attached Risk Assessments /Diving Project plan, and procedures and have observed risk controls in place.



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Name of Supervisor:		Signature	:		•	Da	ate:			
I authorise the Dive Work subject to conditions/precautions of the Risk Assessment / Diving Project plan indicated on this Permit to be completed.										
Name of Permit Issuer:	Signature:				ate:					
SECTION 6 - Completion, Suspension or Cancellation of Work Please TICK the appropriate response:										
All work associated with this Dive Work Permit has been:										
The work area and adjacent areas have been inspected after completion of the work and all hazards have been made safe:									□ NO	
Equipment has been checked and restored correctly.								☐ YES	□NO	
Name of Supervisor:		Signature			Date:			Time:		