

	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:
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Section 1-General Details					
Name of Ship				Type of Ship	
IMO No				Flag	
Duration of Diving Operation (not more than 24 hrs)	From			To	
	Date		Date		
	Hours		Hours		
Work to be Performed					
Location of Diving Ops				No of Divers	
Diving Company Name				Contact No.	
Registered Agent Name				Contact No.	
Attached Documents	Dive Project Plan ☐			Method Statement & Emergency Preparedness/Response ☐	
	Risk Assessment ☐			Hot Work Declaration if UW Welding/Burning ☐	

Section 2-Details of Work	
Purpose of Diving Operation	
Description of Diving Operation	
Details of sea chest/s to be cleaned or Blanking	
Details of Under Water Welding/Burning (Hot Work)	
Details of Emergency Equipment available	

Section 3-Hazard Identification		
Check all Potential Hazards/ Risk Impacts as applicable		
☐ Drowning	☐ Temperature extremes	☐ Collapsed/burst lung
☐ Secondary drowning	☐ Poor visibility	☐ Decompression sickness
☐ Oxygen toxicity	☐ Moving equipment (or parts)	☐ Stings/bite/poison/electrocution by sea creatures
☐ Hypoxia / anoxia / Hypothermia	☐ Radiation	☐ Rash/cuts by reefs
☐ Saltwater aspiration syndrome	☐ Squeeze damage (blood vessels, skin under folds in dry suit, blood in lungs)	☐ Asphyxiation because of wrong gas in the cylinder
☐ Carbon monoxide poisoning	☐ Eardrum damage	☐ Exposure to chemicals/ biological diseases in water
☐ Carbon dioxide poisoning (hypercapnia)	☐ Diver lost at sea	
Other Anticipated Hazards		

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Section 4-Work Site Area

	Risk Control	Yes	No		Risk Control	Yes	No
1	Diving Operation request NOC received from HSE.			18	Port Control has been informed before the commencement and after completion of the Diving		
2	SCUBA will not be used for any UWSH.			19	Has the nearest operational Hyperbaric facility been identified, and is it accessible.		
3	Divers are certified to the relevant local and international standards.			20	Flags will be displayed in an appropriate location.		
4	All Divers are fit & have valid diver's medical Examination.			21	Rudder /Bow Thruster is isolated.		
5	Diver's first aid kit & trained person is available.			22	Dive Watch Maintained.		
6	Weather conditions have been checked.			23	All dive equipments are serviceable and certified.		
7	Safety equipment is easily accessible & ready for use.			24	Is an oxygen resuscitation set available at the dive station.		
8	Has cathodic protection been turned off and tagged out.			25	Safety Precautions and Control, planned or undertaken.		
9	Diving compressor intake in clean air area.			26	Hazardous materials are located.		
10	Communication and Working Channels established.			27	Risk Assessment complied with.		
11	All non-diving equipment used in supporting divers is certified, checked prior to diving & fit for use.			28	Appropriate PPE is provided & worn.		
12	Dive recording & monitoring equipment are available and working.			29	The diver's individual equipments are checked before the Diving operation.		
13	Diving Emergency Procedure discussed.			30	Is the Diving Operation involving Hot Work, welding/burning?		
14	The diver's communication is tested before the diving Operation.			31	Permission obtained from Port Authority for Hot Work?		
15	Ballasting/De-Ballasting Operation suspended.			32	'Gas free, Safe for entry and Hot Work permit Certificate' issued by Chemist for Hot Work?		
16	Is the Vessel bunkering concurrently with Diving? Plan discussed with Bunker barge Master.			33			
17	Warning poster has been displayed on Bridge, ER and CCR.			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.

Name of Supervisor:		Signature:		Date:	
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:		Date:	

SECTION 6 – Completion, Suspension or Cancellation of Work Please TICK the appropriate response:

All work associated with this Dive Work Permit has been:			☐ COMPLETE ☐ CANCELLED ☐ SUSPENDED		
The work area and adjacent areas have been inspected after completion of the work and all hazards have been made safe:			☐ YES ☐ NO		
Equipment has been checked and restored correctly.			☐ YES ☐ NO		
Name of Supervisor:		Signature:		Date:	
				Time:	