**Commercial Swimming Request**

Port of Southampton

|  |  |  |  |
| --- | --- | --- | --- |
| **Contact:** | **Email:** | **Telephone:** | **Availability:** |
| Soton VTS | southamptonvts@abports.co.uk | 02380 608208  | 24/7 |
| Port Planning | port.planning@abports.co.uk  | 02380 608208 | Office Hours |

This request is to be completed by the supervisor in conjunction with the relevant [Local Notice to Mariners](https://www.southamptonvts.co.uk/Port_Information/Notices_to_Mariners/)

|  |  |  |  |
| --- | --- | --- | --- |
| **Location:** | *Location*  | **Vessel:** | *Vessel Name, If Applicable* |
| **Start Date/Time:** | *Select date/ type time* | **End Date/Time:** | *Select date/ type time* |
| **If operating for more than one day, please detail expected daily start and end times:***Additional details*  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Contractor Name:** | *Nameug name*  | **Telephone No:** | *Contractor Phone Number* |
| **Contractor Address:** | *Addressg n ame*  |
| **Supervisors Name:** | *Nameug name*  | **Site Telephone No:** | *Phone Number*  |
| **VHF Callsign:** | *Callsignug ame*  | **Client:** | *Client*  |
| **Description of works to be carried out:** | *Detailed description of swimming works n  ame*  |

|  |
| --- |
| **Checklist** |
| 1. I confirm that Swimming operations shall be in accordance with appropriate Regulations and Approved Codes of Practice
 | Yes [ ]  |
| 1. I confirm that during the operations an ‘A’ Flag shall be PROMINENTLY displayed. If Swimming at night additional measures will be taken to highlight the operation
 | Yes [ ]  |
| 1. I confirm there will be a support vessel in attendance to ensure the safety of the divers as per LnTM
 | Yes [ ]  |
| 1. I acknowledge that Breath Hold Diving and Scuba Diving are not permitted
 | Yes [ ]  |
| 1. I confirm that the Supervisor shall inform VTS immediately before a Swimmer enters the water. (VTS will inform the Supervisor of relevant shipping movements)
 | Yes [ ]  |
| 1. I confirm that **t**he Supervisor shall inform VTS on suspension / completion of diving operations.
 | Yes [ ]  |
| 1. I confirm that the Supervisor will comply with all instructions issued by VTS
 | Yes [ ]  |
| 1. I confirm that the Diving Supervisor will conduct a radio check before any person enters the water and is to monitor VHF channel 12 at all times
 | Yes [ ]  |
| 1. If Swimming in the Docks area, I confirm that there is a copy of the Port of Southampton Diving Information Plan No 189 / 7 held on site
 | Yes [ ] Not Applicable [ ]  |
| 1. I confirm that steps been taken to eliminate hazards to Swimmers. For Example propellers, inlets, outlets etc.
 | Yes [ ]   |
| 1. I confirm I will notify Southampton VTS should a time extension be required
 | Yes [ ]   |
| 1. If operations are on or near a vessel, I confirm that the vessels master has been appropriately notified of intended works and associated risks
 | Yes [ ] Not Applicable [ ]  |
| 1. Name of Master *(if on or adjacent to a Vessel)*
 | *Click to add*  |
| 1. I confirm that I have read and understood the [Port Rules](https://www.southamptonvts.co.uk/Port_Information/Port_Rules/)
 | Yes [ ]  |
| Signature: |  *Signature*  |
| Date: | Click or tap to enter a date. |

**(Internal Use Only)**

|  |
| --- |
| Harbour Authority Review |
| Formal Risk Assessment / Method Statement Required? | Yes [ ]  | No [ ]  |
| Additional Action Required? | *Note actions required for approval*  |
| Outcome | Approved [ ]  | Rejected [ ]  |
| Assessor Name |  |
| Assessor Signature | *Assessor Signature* *(Right Click and Paste Signature into above box)* |
| Date | Click or tap to enter a date. |
| Authorisation Number: | Click or tap here to enter text. |