**Bollard Pull Request Form**

Port of Southampton

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| **Contact:** | **Email:** | **Telephone:** | **Availability:** |
| Soton VTS | [southamptonvts@abports.co.uk](mailto:Southamptonvts@abports.co.uk) | 02380 608208 | 24/7 |
| Port Planning | [port.planning@abports.co.uk](mailto:port.planning@abports.co.uk) | 02380 608208 | Office Hours |

VTS must be notified immediately prior to any bollard pull test via VHF Ch12. Operators must comply with [ABPs Port Rules](https://www.southamptonvts.co.uk/Port_Information/Port_Rules/).

**To be completed by Operator**

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| **Operation Type:** | Bollard Pull Test |  Stretch line out |  Other | | |
| **Requested Location** | *Choose a Berth and Bollard* | | |
| **Operation Details** | *Provide brief description of operation method and aims* | | |
| **Operation Date** | *Click or tap to e**nter the date of operation* | | |
| **Estimate of Force**  **to be applied (Tonnes)** | *Click or tap here to enter text* tonnes | | |
| **Start Time** | *Select date/ type time* | **Finish time** | *Select date/ type time* |
| **Port Agency Name** | *Name* | **Contact Number** | *Number* |
| **Point of Contact Name** | *POC Name* | **POC Number** | *POC Phone Number* |

**Tug Information**

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| --- | --- | --- | --- |
| **Lead Tug** | | | |
| **Name** | *Tug name* | | |
| **Power/Bollard Pull** | *Type value* KW/t | **Type** | *ASD/Voith/Conventional/Mulitcat/other* |

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| **Safe Use of Mooring Equipment** |
| All bollards and mooring equipment shall be the subject of a visual check prior to use by those personnel who undertake the operation (pre-use check). It is advised a visual check of the following is undertaken, Corrosion, Wear or necking, particularly in the throat of the bollard, Cracking, impact damage, Displacement or movement of fixings and surrounding surfacing, Bolt tightness.  Any defects arising from pre, and post use checks shall be documented and raised with VTS immediately. |
| I acknowledge the safe management of mooring equipment |

**ABP Review**

**(Internal Use Only)**

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| ABP Review | |
| Additional Action Required? | *Note actions required for approval* |
| Outcome | Approved  | Rejected |
| Assessor Name | *Name* |
| Assessor Signature | *Assessor Signature*    *(Right Click and Paste Signature into above box)* |
| Date | Click or tap to enter a date. |