**Non-Routine Towage Assessment**

Port of Southampton

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| **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 |

**To be completed by Operator**

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| **Operation Type:** | [ ]  Dead Ship | [ ]  Barge Tow | [ ]  Unusual Object |
| **Operation Details** | *Provide brief description of towage operation*  |
| **Operation Date** | *Click or tap to enter the date of intended passage.* |
| **Origin** | *Origin of Tow*  | **Destination** | *Destination of Tow*  |
| **Port Agency Name** | *Name*  | **Contact Number** | *Number*  |
| **Point of Contact Name** | *POC Name*  | **POC Number** | *POC Name*  |

**Tug(s) Information**

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| **Lead Tug** |
| **Name** | *Lead tug name*  | **IMO** | *Lead tug IMO*  |
| **LOA** | *Lead tug LOA*  | **Draft** | *Lead tug Draft*  |
| **Power/Bollard Pull** | *Type value* KW/t | **Type** | *ASD/Voith/Conventional/Mulitcat/other* |
|  |
| **2nd Tug** |
| **Name** | *Tug name*  | **IMO** | *Tug IMO*  |
| **LOA** | *Tug LOA*  | **Draft** | *Tug Draft*  |
| **Power/Bollard Pull** | *Type value* KW/t | **Type** | ASD/Voith/Conventional/Mulitcat/other |

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| **Additional Towage** |
| *Click or tap here to enter text.*   |

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| **Towing Arrangement** | *Push pull/Centre lead/ Bridles/hipped up* *(Please attach diagram to e-mail correspondence)* |

**Tow Information**

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| --- | --- | --- | --- |
| **Name** | *Tug name*  | **Max Breadth** | *Maximum Breadth* |
| **Combined LOA** |  *Combined LOA* *(Stem of the lead tug to the stern of the tow, including aft tug)* |
| **Max Draft** | *Draft* meters | **Freeboard** | *Freeboard* meters |
| **Additional Questions** |
| 1. Does the tow have an anchor?
 | Yes [ ]  | No [ ]  |
| 1. Is there an emergency towing arrangement rigged/streamed?
 | Yes [ ]  | No [ ]  |
| 1. Is the tow manned?
 | Yes [ ]  | No [ ]  |
| 1. Will crew need to be transferred onto the tow?

*If YES please give additional details. Quantity, Provider, Transfer Vessel* | Yes [ ]  | No [ ]  |
| 1. Details of quayside licenced mooring provider:

*Provider Name* | Yes [ ]  | No [ ]  |
| 1. What functioning propulsion/steerage does the tow have?

*Propeller(s) Thruster(s) Rudder(s) None* | Yes [ ]  | No [ ]  |
| 1. Are safe boarding arrangements available on each vessel requiring a pilot?

 *If No please give additional details*  | Yes [ ]  | No [ ]  |
| 1. Is additional harbour towage required?

*If YES please give additional details. Quantity, Provider(s)* | Yes [ ]  | No [ ]  |
| 1. Does the towed vessel/barge have mechanical winches?

*If YES please give additional details*  | Yes [ ]  | No [ ]  |
| 1. Is an additional lookout required to comply with Rule 5 of the COLREGS?

*If YES please give additional details*  | Yes [ ]  | No [ ]  |
| **Brief Description of Tow Method** | *Please provide brief description of tow method, describe any alterations to the tow that are required as part of the voyage* |
| Please confirm the following have been submitted along with this form:Operational Risk Assessment Yes [ ] Method Statement Yes [ ]  Relevant Plans and Specifications Yes [ ]  |

**Nominated Person with Overall Responsibility for Safety of the Manoeuvre**

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| --- | --- | --- | --- |
| **Responsible person Name** | *Name*  | **PEC Number** | *Number*  |
| **Responsible person position** | *Position/Rank*  |
| **Organisation/Vessel** | *Responsible Person Company/Vessel*  |
| **Contact Number** | *Phone Number*  |

**Non-Routine Towage Assessment (Internal Use Only)**

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| Tow Details |
| Lead Tug Name  | *Name*  |
| Tow Name  | *Name*  |
| Tow Master Name  | *Name*  |
| Duty / Assessing Pilot Assessment |
| Is a Pilot Required? | Yes [ ]  | No [ ]  |
| Have safe pilot boarding arrangements been confirmed? | Yes [ ]  | No [ ]  |
| Suitable forecasted weather conditions at pilot station assessed?  | Yes [ ]  | No [ ]  |
| Number of Pilots Required | *Number*  |
| Pilot boarding location | *Boarding Position*  |
| Pilot disembark location | *Disembark Position*  |
| Additional harbour towage required? | Yes [ ]  | No [ ]  |
| Comments/Notes | *Comments on the tow plan & RAMS*  |
| Outcome | NRTA Approved [ ]  | NRTA Rejected [ ]  |
| Duty (Assessing) Pilot Name | *Name*  |
| Pilot Signature | *Assessing Pilot Signature* *(Right Click and Paste Signature into above box)* |
| Date | *Click or tap to enter a date.* |
| HM Department Review |
| Passage plan timing limitations? | *Passage Time*  |
| Passage Plan reviewed and agreed? | Yes [ ]  | No [ ]  |
| Risk Assessment / Method Statement Agreed? | Yes [ ]  | No [ ]  |
| Additional Action Required? | *Note actions required for approval*  |
| Outcome | NRTA Approved [ ]  | NRTA Rejected [ ]  |
| Assessor Name | *Name*  |
| Assessor Signature | *Assessor Signature* *(Right Click and Paste Signature into above box)* |
| Date | Click or tap to enter a date. |

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| HM Department Approval |
| Outcome | NRTA Approved [ ]  | NRTA Rejected [ ]  |
| Approver Name | *Name*  |
| Approver Signature |  *Approver Signature* *(Right Click and Paste Signature into above box)* |
| Date | Click or tap to enter a date. |

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| 1. Ordinarily Port Planning is to complete the initial review of the NRTA and request/collate all information.
2. Marine Planning Manager or Assistant Harbour Master will Review.
3. HM, DHM or AHM (if not the reviewer) will approve.
4. Outside office hours AHM (VTS) is to lead this process in place of Port Planning.
5. The completed assessments should be passed to the conducting Pilot and Pilot Launch Coxswain on allocation.
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