**ROV (Tethered) Deployment Request**

**Request to deploy ROV within the Port of Southampton’s SHA**

**GENERAL CONDITIONS AND PRECAUTIONS TO BE OBSERVED**

* At all times during the operations an ‘A’ Flag shall be PROMINENTLY displayed.
* Vessels at adjacent berths to be notified by ROV operator.
* Using VHF channel 12, the ROV operator shall inform VTS immediately before a ROV enters the water and VTS will inform the ROV operator of relevant shipping movements.
* Using VHF channel 12, the ROV operator shall inform VTS on suspension / completion of operations.
* The ROV operator will comply with all instructions issued by the VTS.

**Reference Number:**

**ROV Information**

ROV Name/identification: Location / Berth:

Agent / Owner Name: Vessel name (if applicable):

Purpose of deployment

ABP authorisation number

**Contractor Details**

Contractor Name: Supervisors Name:

Tel No (On site): Contractor Email Address:

Operation Start Date/Time: Operation Finish Date/Time:

VHF Call Sign

Forward this ROV deployment request to: VTS, Ordinarily 24hours notice required.

Email: [southamptonvts@abports.co.uk](mailto:southamptonvts@abports.co.uk)

Associated British Ports, Ocean Gate, Atlantic Way, Southampton, SO14 3QN

Telephone: 02380 608208 AHM (VTS) 24 hours

**VTS** – Request will only be accepted if the HM department have reviewed and accepted the risk assessment and method statement. Confirm the operator is approved on the Autonomous Vessels & ROV Operator spreadsheet**.**

Enter as PAVIS Dive Request and file hard copy.

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| Permission Granted:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (ABP Authorised Person)  Date:\_\_\_\_\_\_\_\_\_\_\_\_ Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Request number | Permission Refused:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (ABP Authorised Person)  Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Request number |