**Commercial Swimming Request**

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 |

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/)

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| **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* | | | |

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| **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* | | |

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| **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)**

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| Harbour Authority Review | | |
| Formal Risk Assessment / Method Statement Required? | | Yes  | No |
| Additional Action Required? | *Note actions required for approval* | |
| Outcome | Approved  | Rejected | |
| Assessor Name | *Authorisation Reference Number* | |
| 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. | |