

## Permit to Dive – Application Form

(This Permit to Work form must be available on-site for inspection at all times)

**Permit to Dive No:**

This Permit is valid <u>from</u> :	Time			Start Date		
This Permit is valid <u>until</u> :	Time			Expiry Date		
Company Name:						
Supervisors Name:						
Contact Number:						
Email:						
<b>Work Description &amp; Location:</b>						
<b>Type of Equipment to be used e.g. SSBA, Mixed Gas, Scuba, Coms, Tools etc:</b>						
<b>List Job Requirements:</b>					<b>Yes</b>	<b>No</b>
1. Will under, or over water work be required?						
2. Will structural penetration be required?						
3. Will electrical isolation be required?						
4. Will water shutdown be required?						
5. Will mobile crane/truck mounted crane work be required?						
6. Will an overweight/over dimension road permit be required for the vehicle?						
7. Will traffic management be required?						
8. Will there be any risk of a fall from height?						
9. Will work in a confined space be required?						
10. Will a Council or statutory authority permit or approval be required?						
11. Will any construction, repair, demolition work be required?						
12. Will your worker be working alone? <i>(If "Yes" a copy of your company's working alone procedure to be supplied)</i>						
13. Are any vessel engine lock outs required?						
<b>14. Any "Yes" questions 1-13 above, requires a Job Safety Analysis – is it attached?</b>						
15. Have your worker(s) completed a PrimePort Health & Safety Induction? – <a href="#">click here</a>						
16. If working within the Container Terminal, has an induction been completed for Timaru Container Terminal Limited? – <a href="#">click here</a>						
17. Have you submitted a Site Safety Management Plan to the Permit Issuer? <i>(Must be specific to the worksite)</i>						
18. Have you read the PrimePort Common User Safety Rules?						
19. Will any of the work require a notification of particular hazardous work lodged with WorkSafe NZ?						
<b>Name of Permit to Work Applicant:</b>						

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## THIS SECTION TO BE COMPLETED BY PrimePort PERMIT ISSUER ONLY

		Yes	No
Will other Port Users be affected by the work? <i>(If "Y" – describe what notifications/communications have been issued)</i> <ul style="list-style-type: none"> <li>If Yes, all affected parties contacted via a Safety Alert being issued advising of operation location and date.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conditions to apply prior to work commencing? <ul style="list-style-type: none"> <li>Certificate of Competence for all divers</li> <li>Notification of works to WorkSafe</li> <li>All personnel involved in this work to be PrimePort inducted</li> <li>Dive operators to provide:                             <ul style="list-style-type: none"> <li>Task Analysis and Method Statement for works</li> <li>Safety Plan if required (JSA)</li> <li>Tool Box Risk Assessment</li> </ul> </li> <li>Contact the PrimePort Watchman on 03 687 2728 before accessing operational area</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conditions to be met whilst working: <ul style="list-style-type: none"> <li>Dive flags shall be displayed on vessel and/or on wharf adjacent to vessel.</li> <li>The Dive Supervisor shall contact Timaru Harbour Radio on VHF Channel 9 to confirm any shipping movements.</li> <li>The Dive Supervisor shall have a VHF radio and will be listening on Channel 9 during all works.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Department Acceptance:</b> Affected parties notified, no conflicts of work foreseen			
Infrastructure:		Date:	
Duty Pilot / Marine Manager:		Date:	
Operations:		Date:	

<b>Permit Authorisation:</b> Health & Safety					
Site Safety Plan Sighted:		Yes		No	
Authorised By:	Issue Date:				
Watchhouse Notified:	N/A	Yes		No	
Confirmation emailed back to permit applicant		Yes		No	