

This permit is required to be completed & approved before any diving operations are undertaken within the Port area. This permit must be accompanied by a JSA, or a Dive Plan which identifies and addresses hazards associated with the task.

Section 1: Applicant Details

| | | | |
|---------------------------------------|--|------------------------|--|
| Name of Applicant | | Works Start Date: | |
| Company | | Works Completion Date: | |
| Works Site Area: | | | |
| Description of work to be undertaken: | | | |
| | | | |

Section 2: Work Site Area

| Please Tick relevant box | | Yes | No | NA |
|--------------------------|--|-----|----|----|
| 1 | All diving operations to be carried out in accordance with AS/NZS 2299.1 (2007) and any other relevant Authorities requirement or Australian Standard | | | |
| 2 | Dive vessel will monitor VHF CH16 and CH12 | | | |
| 3 | Ships clearance to dive procedure has been activated, including shutdown and propeller immobilised if applicable – refer to ships shutdown procedures. | | | |
| 4 | All activities likely to impact diving operations halted? | | | |
| 5 | Relevant personnel have been informed about diving operations. | | | |
| 6 | Has cathodic protection been turned off and tagged out (if applicable)? | | | |
| 7 | Stevedores/Berth Operators have been notified (if applicable) of start and completion of diving operations. | | | |
| 8 | Weather conditions have been checked. | | | |
| 9 | Dive Plan completed? | | | |

Section 3: Working Equipment and Certification

| Please Tick relevant box | | Yes | No |
|--------------------------|--|-----|----|
| 1 | Divers certified as per AS/NZS 2815? | | |
| 2 | All dive equipment is serviceable and in current certification as per AS/NZS 2299.1 (2007) | | |
| 3 | Dive vessel is in survey (if applicable) | | |
| 4 | Will SCUBA equipment be used for the dive? | | |
| 5 | Will Surface Supplied Breathing Apparatus (SSBA) be used? | | |
| 6 | Are first aid trained people available? | | |
| 7 | Will first aid equipment (including Oxygen) be carried? | | |

Section 4: Applicants Statement of Acknowledgment

I acknowledge the requirements of the Port of Albany to identify and control risks and work in a safe manner at all times. I confirm the company has satisfactory documented safe systems of work in place and that all permits and licences required are in order and understood.

| | |
|------|-----------|
| | |
| Name | Signature |
| | |
| Date | Position |

Section 5: Southern Ports Authority – Port of Albany Representative Statement of Acknowledgement (Port of Albany Use Only)

I am satisfied that the contractor information provided to me is sufficient to show that the contractor has a system in place to fulfil their legal obligations to conduct works in a safe manner. This Permit to Work is approved subject to any conditions listed below.

Specific Conditions / General Comments (if any)

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Southern Ports may withdraw this permit at any time if unsafe work practices are seen

| | | |
|-------------------------------|------|---------------------|
| Port of Albany Representative | | |
| | Name | Signature |
| | | |
| Time | Date | Position in Company |

Section 6: Notifications

| | | | | | |
|--------------------------|-------------|--------------------------|-------------|--------------------------|----------|
| <input type="checkbox"/> | Engineer | <input type="checkbox"/> | Safety | <input type="checkbox"/> | Security |
| <input type="checkbox"/> | Maintenance | <input type="checkbox"/> | Environment | <input type="checkbox"/> | Pilots |