Southern Ports

Permission to Immobilise

VESSEL DETAILS			
Vessel Name:		Berth No:	
Vessel Master Name:		Vessel Contact email:	
Start Date/Time:		Completion Date/Time:	
Ships Agent:			
Nature of Immobilisation:			
On completion of work, will there be any restrictions to the use of the main engine?	Yes ☐	No ☐	
If yes, please advise details (e.g. Limited M/E rpm)			
Estimate of time to mobilise in an emergency	HOURS		

REQUIREMENTS CHECKLIST	
I will ensure that the following requirements are met by advising the Duty Pilot via email:	
	The actual time immobilisation commences
	The expected duration
	Any changes to the expected time of completion
	The actual time that immobilisation is completed
	All work to be in compliance with vessels Safety Management System (SMS)

ACCEPTANCE OF CONDITIONS/REQUIREMENTS

By signing this document, the undersigned has read, understood and accepted the terms and conditions of this application and declares that all information is true and accurate.

Applicant name: Signature: Date:

APPROVAL ISSUED ONLY WHEN SIGNED BELOW, BY BUNBURY HARBOUR MASTER OR AUTHORISED REPRESENTATIVE

I the accept the below additional mandatory requirements set by the Harbourmaster (if any)

SPA Bunbury ASSESSMENT

As appropriate - Harbour Master Check

Name: _____ Signature: _____ Date: _____

☐ Rejected – Revise and Resubmit ☐ Approved / Additional Mandatory Conditions

Comments:

Custodian: Harbour Master