## PORT OF DAMPIER - DIVE PERMIT APPLICATION



This Dive Permit must be submitted and approved before conducting any occupational diving within 200m of a PPA facility, including navigation aids, wharf facilities and the like.

All diving operations are to be carried out safely, in accordance with: (i) AS/NZS 2299.1:(2015), (ii) all applicable laws, (iii) applicable Codes of Practice, and (iv) any other relevant requirement and Australian Standard.

The Applicant must complete sections 1 and 2, sign section 3 and submit for approval to Dampier VTS: <a href="mailto:dampier.vts@pilbaraports.com.au">dampier.vts@pilbaraports.com.au</a>

PPA Use		Authorisation	No.:							
SECTION 1:	GENERA	L								
Applicant:					Phone:			Email:		
Company:				Phone:						
Dive Supervisor:					Phone:			Email:		
Name of Dive Ve	essel(s)				Location of Dive					
Permit Valid	From:	(Hrs)	Date:			To:		(Hrs)	Date:	
SECTION 2:	WORK A	ND DIVE DE	ΓAILS,	PREC	IOITUA	NS & CC	NDITIC	NS		
2.1 Description	of Work									
Description of d	ive activity	:								
Description of equipment being used in the dive:										
Port facilities wi	thin 200m o	of the dive oper	ation:							
For navigation	For navigation aid location append a marked-up extract of the relevant marine chart below. For other facilities indicate the location on a diagram(s) below:									

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2.2 Permit Conditions										
Dives r	requiring decompression are not permitted	Y	N	N/A						
	re equipment is serviceable, fit for purpose and in current survey/certification as per ZS 2299.1:(2015).									
	I personnel involved in diving have a valid medical certificate, current dive certification and aining as per AS/NZS 2815.2:(2013).									
3. A	n Applicant approved diving checklist will be completed before undertaking diving.									
4. D	Dive supervisor will contact Dampier VTS to obtain daily shipping sheet prior to diving.									
5. D	Dive vessel will monitor VHF CH11 & 16 for vessel traffic around dive site.									
	Dive vessel will notify Dampier VTS (VHF CH 11 & 16) of commencement and completion of diving.									
	Dive vessel will display navigational lights, shapes and flags as required by local and international regulations.									
	dequate first aid equipment including sufficient medical oxygen and automatic external efibrillator is available.									
9. S	Suitably qualified senior first aid personnel will be available.									
10. S	Surface Supplied Breathing Apparatus (SSBA) equipment be used									
in	If diving under or near a vessel, vessel's clearance to dive procedure has been complied, including shutdown and thrusters immobilisation. Any work on Overboard V/V;s to be blanked and confirmed by vessel.									
	The Applicant and Dive Supervisor will advise all personnel involved in diving of the above conditions and ensure that they are understood and met.									
2.3 Documentation Applicant is required to provide to PPA										
Safe Work Method Statement for the dive operation										
2. Dive plan										
3. Emergency Management Plan										
Copies of Diver's License and Medical Certificate										
	Diver's full name & ADAS level of qualification	ADAS Certification No.	Medical Certificate Expiry Date (issued within the last 12 months)	Oth	Other (list)					
1.										
2.										
3.										
4.										
5.										
4.										

## PORT OF DAMPIER - DIVE PERMIT APPLICATION



## **SECTION 3: APPLICANT STATEMENT OF ACCEPTANCE**

Zv ciani	na this Dive Dorn	nit Form the Ann	licant confi	rme that:						
By signing this Dive Permit Form, the Applicant confirms that:										
	, I									
	<ol> <li>All diving operations will be carried out in accordance AS/NZS 2299.1:(2015) and any other relevant requirements and Australian Standard.</li> </ol>									
3. T	he Applicant is i	responsible for th	ne works a	nd dives being ι	ındertaken a	and that the	ey and their	contractor	have safe	
systems of work in place. 4. PPA may amend or cancel this permit at any time.										
4. PPA may amend or cancel this permit at any time.										
	/୮.	ull Name)			(Signat	ure)		(Date)		
	(F		(Signal	.u. <i>6 )</i>		(L	vale j			
		(Title)								
		` ′								
SECTION 4: PPA AUTHORISATION ACCEPTANCE										
	Check form is filled out correctly and clarify details with Applicant where required									
	Check scheduling for other permits and activities									
	For PPA contractors, ensure the relevant PPA contact has been advised of the work and dive									
	Ensure key pe	rsons working in p	•					ive:		
	Notifications:	Wharf Manager	Y N	Environment	Y N	Safety	Y N	Other:		
	Harbour M	Maintenance	Y□ N□	Engineering	Y N	Security	Y N			
	Harbour Master has authorised the work and dive									
(Full Name)					(Signat	(Date)				
SECT	ION 5: COM	PLETION								
		mpleted and all pe	ersonnel in	volved in diving	materials ar	nd equipme	nt have hee	n removed		
THE UIV	ing has been col	piotod and an pi	5,501/11/61 III		awiiais ai	a oquipine	Have bee	romoveu.	•	
Authori	sed Representa	ative of Applican	t Sianed							
	-1	la la se de se	J							
	(Full Name)				(Signat	/D	ate)			
Permit Authoriser:					Gigria	(D)	,			
		Permit Al	autoriser:	/Full NI \	/6:	(D:	ate)			
				(Full Name)	ame) (Signature)			(= 5.0)		
					<del></del>					
P	ROCESS OWNER	<b>t</b>								
	The VTSC Manager is responsible for this internal document.									

A317873

Date approved:

Version:

13/03/2025

Review date:

Approved by:

12/03/2027

Harbour Master