

**Dive Notification****G-OF-04**

This Dive Notification and Approval form should be forwarded to the Harbour Master, Scalloway Harbour or Sullom Voe VTS prior to dive work commencing.

A Notice to Mariners may be required where diving activity impacts on navigation, as determined by the Harbour Master. In which case, at least 7 days notice is required.

Harbour Area	Who to contact	Telephone	Email address
Sullom Voe and Yell Sound	Sullom Voe VTS	01595 744280	sullomvoevts@shetland.gov.uk
Scalloway Harbour	Scalloway Harbour	01595 744 221	scalloway.harbour@shetland.gov.uk
Other SIC Ports			
<b>Diving Company</b>			
<b>Diving Supervisor</b>			
<b>Contact Telephone No.</b>			
<b>Contracting Company</b>			
<b>Location</b>			
<b>Date/Time From</b>		<b>To</b>	
<b>Exclusion Zone Required</b>			

For multiple diving dates and times, please complete a Diving Schedule using Appendix A

Communication to be maintained between the Dive Supervisor and the Harbour Authority

	VHF Channel	Telephone Number
<b>Sullom Voe and Yell Sound</b>	<b>14</b>	<b>01595 744 280</b>
<b>Scalloway Harbour</b>	<b>14</b>	<b>01595 744 221</b>
<b>Other SIC Ports</b>		<b>01595 744221</b>

	YES	NO
The diving operation shall be carried out in accordance with the Diving at Work Regulations		
International signal flag 'A' shall be exhibited in order to warn shipping of the presence of divers.		
Are Isolations Required (e.g. Jetties, Berths, Vessels etc.)? If yes		
<b>Isolation type (Mechanical, Electrical, Other)</b>	<b>Plant / Equipment to be isolated</b>	

**I declare that the foregoing requirements have will be satisfied and I have read and understood the conditions above.**

<b>Dive Supervisor (Signature)</b>		<b>Date</b>	
<b>Name (Print)</b>			

**Dive Notification****G-OF-04**

This Section is used by SIC to log;

- Receipt of Dive Notification
- Commencement of the operation
- Temporary Suspension of the operation if required
- Completion of the Operation

<b>Signed (HM/DHM/PSO/VTSO/SPS/SPO)</b>			
<b>Name (Print)</b>		<b>Date</b>	
<b>Forwarded to Appropriate Parties</b>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b> <input type="checkbox"/>

**Commencement of Diving**

Communications with the Dive Supervisor are established and diving operations have commenced.

<b>Signed</b>	
<b>Name (Print)</b>	
<b>Date / Time</b>	

**Temporary Suspension**

Diving operations have ceased and that the Diving Team are clear of the water.

<b>Diving Stopped</b>	
<b>Diving Resumed</b>	
<b>Signed</b>	

**Completion of Operations**

Diving operations have ceased, and the Diving Team are clear of the water.

<b>Signed</b>	
<b>Name (Print)</b>	
<b>Date / Time</b>	

