**Commercial Operations involving ‘Swimmers’ Request**

**REQUEST TO CARRY OUT ‘SWIMMING OPERATIONS’ WITHIN THE LIMITS OF THE PORT OF SOUTHAMPTON**

|  |  |  |  |
| --- | --- | --- | --- |
| **Contact:** | **Email:** | **Telephone:** | **Availability:** |
| Soton VTS | southamptonvts@abports.co.uk | 02380 608208  | 24/7 |
| Port Planning | port.planning@abports.co.uk  | 02380 608208 | 24/7 |

Location of Swimming Operations *Click to add text*

Vessel *Click to add text*

Swimming Operations **From: Date/Time** *Select date/ type time*

 **To: Date/Time** *Select date/ type time*

If operating over more than one day, please advised daily start and finish times: *Click to add text*

Contractor: *Click to add text*

Address: *Click to add text*

Telephone Number: *Click to add text* Facsimile *Click to add text*

Supervisors Name *Click to add text*

Site Telephone Number *Click to add text* VHF Call Sign *Click to add text*

Description of work to be carried out *Click to add text*

Client *Click to add text*

**NO ‘SWIMMING’ OPERATIONS ARE TO BE CARRIED OUT PRIOR TO PERMISSION BEING GRANTED AND A RADIO CHECK ON VHF CH 12 BEING CONDUCTED**

|  |
| --- |
| **Tick to acknowledge below conditions and precautions** |
| 1. At all times during the operations an ‘A’ Flag shall be PROMINENTLY displayed.
 | [ ]  |
| 1. The Supervisor is to conduct a radio check before any swimmer enters the water and is to monitor VHF channel 12 at all times
 | [ ]  |
| 1. Using VHF channel 12, the Supervisor shall inform VTS immediately before a swimmer enters the water and VTS will inform the Supervisor of relevant shipping movements.
 | [ ]  |
| 1. **Using VHF channel 12,** the Supervisor shall inform VTS on suspension / completion of swimming operations
 | [ ]  |
| 1. The Supervisor will comply with all instructions issued by VTS.
 | [ ]  |
| 1. If swimming in the Docks area, is a copy of the Port of Southampton Diving Information Plan No 189 / 7 held?
 | [ ]  |
| 1. Have steps been taken to eliminate hazards to swimmers from propellers, inlets, outlets etc
 | [ ]  |

I declare that all the aforementioned requirements have been satisfied, precautions have been taken and that safety arrangements will be maintained for the duration of the swimming operations and will not operate outside the stated area and time.

Signed by Supervisor *Click to add text*

Date: *Select date/ type time*

**Forward to**: Assistant Harbour Master (VTS),

Associated British Ports

Ocean Gate

Atlantic Way

Southampton

SO14 3QN

**Email:** SouthamptonVTS@abports.co.uk

**Telephone**: 02380 608208

**FOR INTERNAL USE**

**Date/Time request received:** *Select date/ type time*

 **Permission Granted** [ ]  **| Permission Refused** [ ]

ABP Authorised Person: *Click to add text* Date/Time: *Select date/ type time*