



<b>Document</b>	<b>Non-Routine Towing Assessment Form</b>
<b>Issue Version</b>	<b>01 – June 2024</b>
<b>Amendment</b>	<b>0</b>

<b>PART 1 – TO BE COMPLETED BY THE PROJECT MANAGER / AGENT / TOWING MASTER</b>			
DATE OF PASSAGE		NAME OF PERSON MAKING REQUEST	
COMPANY		CONTACT NUMBER	
TYPE OF TOWAGE OPERATION (tick)	DEAD SHIP	BARGE	UNUSUAL OBJECT
TOWAGE FROM		TO	
<b>DETAILS OF THE TOW</b>			
NAME		DRAFT	
LOA		BOA	
BRIEF DESCRIPTION OF TOW			
IS THE TOW MANNED?			
WHAT FUNCTIONING PROPULSION / STEERAGE DOES THE TOW HAVE?			
PROPELLORS		THRUSTERS	
		RUDDERS	
		NONE	
<b>DETAILS OF THE TUG</b>			
NAME		DRAFT	
LOA		BOA	
BOLLARD PULL		POWER	
TOWING ARRANGEMENT			
<b>NOMINATED PERSON WITH OVERALL RESPONSIBILITY FOR THE OPERATION</b>			
NAME		POSITION	
COMPANY		CONTACT NUMBER	
<b>IF THE AGGREGATE LENGTH OF TOW EXCEEDS 48M OR THE AGGREGATE BEAM EXCEEDS 15M, OR IF THERE IS ANY CONCERN OVER WEATHER CONDITIONS, TIDAL CONDITIONS OR SAFETY OF NAVIGATION, THEN A COWES PILOT MUST BE REQUESTED.</b>			
<b>PART 2 – TO BE COMPLETED BY THE HARBOUR AUTHORITY</b>			
PILOT REQUIRED		TIME REQUIRED	
IF YES, BOARDING AT		DISEMBARKING AT	
IS A PILOT LADDER REQUIRED?		SAFE BOARDING ARRANGEMENTS BEEN VERIFIED?	
PASSAGE PLAN TIMING LIMITATIONS			
PASSAGE PLAN SIGHTED		RAMS SIGHTED	
REVIEWED BY		AGREED	
POSITION			
APPROVED		REFUSED	
COMMENTS			
SIGNED			

**COMPLETED FORMS ALONG WITH A TOWAGE PLAN AND RISK ASSESSMENT/  
METHOD STATEMENT SHOULD BE SUBMITTED TO CHC@COWES.CO.UK NO LATER  
THAN THREE DAYS BEFORE THE INTENDED TOWING OPERATION**