



Document	Diving / Swimming Request
Issue Version	6 – January 2025
Amendment	0

Diving or Swimming Request Form

Request to carry out diving or swimming operations within the limits of Cowes Harbour.

Location of diving operation		
Date		
Time of diving operations.	From	To
Diving contractor		
Address		
Tel Number, Fax Number or email (to which this form is to be returned)		
Diving Supervisors Name		
Diving site tel. No		
VHF call sign		
Description of work to be carried out		
Client Signature		

GENERAL CONDITIONS AND PRECAUTIONS TO BE OBSERVED (tick as appropriate)

Diving operations shall be in accordance with the HSE Diving at Work regulations 1997 and the appropriate approved code of practise.	
At all times during the operation an "A" Flag shall be displayed.	
The diving team shall consist of at least 4 persons namely, Diving Supervisor, Diver, Standby Diver and Tender/boatman (boatman not required if working within a marina)	
The Diving Supervisor shall inform the Marina or HM1 immediately before a diver enters the water and on suspension / completion of diving operations unless other prior arrangements have been made. If diving outside of normal work hours, then an 'all-stations'	



Document	Diving / Swimming Request
Issue Version	6 – January 2025
Amendment	0

call shall be made on VHF channel 69 immediately before a diver enters the water and on suspension / completion of diving operations.	
The Diving Supervisor will comply with all instructions issued by the Harbour Master or Marina Manager.	
The Diving Supervisor shall always monitor VHF channel 69 or channel 80 when working inside a marina.	
A comprehensive diving project plan and risk assessment must be prepared and a copy held on site for inspection on request. It must include the steps taken to eliminate hazards to divers.	
A copy of the Dive Request Form must be held on site either electronically or hard copy and available for inspection.	
Third Party and Employers Liability Insurance must be held for the activities undertaken; evidence must be submitted to the relevant office.	

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 diving operation and will not operate outside the stated area and time. Permit will only be valid for a maximum of 24hrs.

Signed by Diving Supervisor dated.....

NOTE: NO DIVING OPERATIONS ARE TO BE CONDUCTED PRIOR TO PERMISSION BEING GRANTED.

Dive requests and associated documents to be sent to the relevant office:

Company	E-Mail Address	Telephone	Fax
Cowes Harbour Commission	chc@cowes.co.uk	01983 293952	01983 299357
Cowes Yacht Haven	info@cowesyachthaven.com	01983 299975	01983 200332
East Cowes Marina	berths@eastcowesmarina.co.uk	01983 293983	01983 299276
Shepards Marina	shepards.chc@cowes.co.uk	01983 297821	01983 294814

Call ahead by telephone to ensure the request is processed in time.

KNOWN VESSEL MOVEMENTS OR RESTRICTIONS:

FOR INTERNAL USE	Date & time request received:		
Subject to the information stated in this request being and remaining complete and accurate and to strict adherence to the general conditions and precautions specified above, permission granted. (For CHC)	PERMISSION REFUSED		
 (For CHC)		
Date..... Time.....	Date.....	Time.....	Time.....