

Occupational Diving Notification

			pursuant to Harbour Maste				ty Act 2010 (\	ic)
			red if there are any change			d.		
To	A new notification must be resubmitted if the works p Navigation Services			Email	DivePermits@ports	ts vic gov au		
Fror				Email	<u>Brvor omnio(e, porte</u>	5.vio.gov.au		
Port Works Application Number (if applicable)								
Dive location				Vessel name (if applicable)				
From <i>time</i> (24-hr e.g. 0700)			To time (24-hr e.g. 0700)					
From date (select)			To date (select)					
Reason for dive (specify)								
Works conducted around shipping? Y/N						Yes No		
		any passing restrictio onal craft:						
Req	uest	ed passing distance	(metres) for all vessels:					
D: .		Land Block						
		hecklist				M :		
DIVII	ng S	upervisor name				Main contact telephone numbers		
Divers' names						Main contact telephone numbers		
Vessel Masters' name (if applicable)						Main contact telephone numbers		
							e applicable	✓
	Confirm all necessary approvals for the works have been obtained prior to submission of this form							
Confirm works will be undertaken in accordance with a risk assessment and/or safe work method statement (SWMS) for the task/s.								
		• • • • • • • • • • • • • • • • • • • •	e, PoMO Routine Works					
	International Code Flag Alpha will be displayed in an appropriate location							
	Impressed current must be switched off where required (email worksnotification@portofmelbourne.com to switch off & on).							
If applicable, PoMO Works Notification number:								
5. Vessels and terminal operators at adjacent berths have been fully briefed on diving activities and work scope								
6. 1	6. Maintain VHF radio watch on VHF Ch. 12 (and Ch. 16) and back up communication capability (e.g. mobile phone)							
7. /	All diving operations will comply with and operate under AS/NZS 2299.1-2015 Occupational Diving Operations							
	Develop a procedure for regularly seeking shipping movement times from Melbourne VTS. The responsibility for this procedure lies wholly with the authorised holder of this notification							
	9. Diving operations conducted from Station Pier, operator holds an approved Ancillary Service Provider (ASP) licence							
10. Consideration has been given to deconfliction with other works or activities in/pear the proposed work area								

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Diving checklist

11. Hold an approved copy of this form on the dive site

12. Indemnity and insurance

- 12.1. The Applicant performs the works within the port of Melbourne at its own risk and indemnifies Ports Victoria and Port of Melbourne (including its officers, employees and agents) against all claims and losses sustained or incurred by Ports Victoria or any person, in respect of:
 - · personal injury or death
 - damage to any property, arising directly or indirectly out of, or as a consequence of, a default or act or omission
 of the Applicant or its contractor ((except to the extent caused by a negligent act or omission of Ports Victoria) or
 Port of Melbourne).
- 12.2. The Permit Holder must hold current public liability insurance for loss and damage arising from, or in any way connected with, work being performed under this Permit, and this insurance cover must extend to third party beneficiaries as provided for in s48 of the *Insurance Contracts Act* 1984 (Cth).

As the attending Dive Supervisor:

- I will ensure that dive operations are stopped at least 30 minutes before the expected passing of a vessel within my nominated passing distance.
- I will ensure that all persons engaged in this work, whether employed directly or on subcontract will execute their duties in a safe manner, and in accordance with the requirements of this permit and relevant standards.
- · I understand Melbourne/Lonsdale VTS may vary, alter or cancel this permit at any time.
- I must contact Melbourne/Lonsdale VTS prior to conducting diving operations and upon completion (on VHF Channel 12 or via telephone +61 3 9644 9789).
- · I will check shipping traffic for the period and maintain watch for vessel movements in the immediate vicinity.
- · I will liaise directly with other operators conducting works or activities in the same area.
- I will contact Melbourne/Lonsdale VTS to report an incident as required under Section 4.15 Incidents of *Harbour Master's Directions Melbourne*.

Name Company Dive Supervisor signature Date (select) Navigation Services use

Notification acknowledged Name Date (select)

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