



## Downstream Pre-Diving Activity Checklists

**For completion by Diving Activity Project Manager & Dive Supervisor**

General Details			
Entity/location Name		Date	
Dive Contractor			
Diving support craft Details			
Are all Diving support craft fitted with water jet propulsion or propeller guards?			Yes
			No
Details of Dive Site			
Port Name		Terminal Name	
Berth Name		Depth of Seabed	
Latitude		Longitude	
Prevailing wind direction and speed		Details regarding forecast weather conditions at dive site & any predicted changes in tide stream or current direction and strength.	
Prevailing Sea and swell conditions			
Prevailing Tide and/or current conditions			
Diving Activities work-scope			
Authorisation for Diving Activities from Harbour Master and/or Terminal Manager			
Verified Item			DPM's Signature
Port Authorities advised and permission obtained for diving activities			
Communications between Harbour Control and Dive Team verified			
Terminal Manager advised & permission obtained for diving activities			
Dive Team advised by Port Authority Regarding following :			
Underwater hazards i.e. culverts/ sluice gates/Intakes/Outlets etc			
Ship movements			
Other diving activities taking place simultaneously			
Other relevant information			



## Downstream Pre-Diving Activity Checklists

Control Of Work Permit status	
Verified Item	DPM's Signature
The Area Authority has provided a diagram or plan showing isolations and LOTO together with the Isolation Certificate(s).	
The Area Authority has confirmed that the Diving Supervisor clearly understands which equipment has been isolated and what equipment and systems remain operational.	
A Permit To Work has been issued covering planned Diving Activities.	

Permit To Work & Isolation Certificate No	
---	--

- |   |
|---|
| <ol style="list-style-type: none"> <li>1. The entire Checklist has been completed and signed by the DPM and the Dive Supervisor</li> <li>2. Relevant sections of the Checklist has been completed and signed by the Master of the Dive Support Vessel..</li> <li>3. The contents of the Dive-Plan and Risk Assessment* for the forthcoming Diving Activities have been fully reviewed and agreed by the undersigned.</li> <li>4. Valid Control of Work Permits are in force at all times during the diving activity.</li> </ol> |
|---|

Rank/Role	Name	Signature
DPM or delegate		
Diving Supervisor		
Date and Time		

Details regarding Client Authorised Representative (if applicable)	
Client Authorised Representative's employer details.	
Name of Client Authorised Representative.	
Signature of Client Authorised Representative if on site.	

Validity of Checklist			
Start Time		Finish Time	

\* This Risk Assessment will include the entities own risk assessment and be supplemented by the dive contractor's risk assessment which may be described as a "Job Safety Analysis", "Job Hazard Analysis" or otherwise if Diving Contractor's forms are used.



## Downstream Pre-Diving Activity Checklists

### For completion by Dive Supervisor

Diving Equipment			
Breathing Gas Supply (Surface Supply HP or LP, SRE)			
Breathing Gas ( Air or Nitrox)			If Nitrox %age O2
Maximum Depth for planned Diving Activities		Maximum Operating Depth (PPO2) not > 1.4 bar	
Emergency Gas Supply (Surface Supply or bailout cylinder)		Duration of Emergency Gas Supply	

Role	Name	Qualified as Diver Medic Technician	
		Yes	No
Dive Supervisor			
1st Working Diver			
1st Working Diver Tender			
1st Standby Diver			
1st Standby Diver Tender			
2nd Working Diver			
2nd Working Diver Tender			

Diving Equipment Details	Yes	No
Are/Is Rigid Type Helmet(s) provided for Working Diver(s)?		
Are/Is Helmet(s) provided for Standby Diver(s)? {Band-mask ok}		
Are Voice communications provided between diver(s) and surface?		
Are panel air supplies arranged to allow independent supplies to working & standby divers?		
Are all power and air services for the diving activities provided by the dive contractor?		
Prime movers for hydraulic power packs, air compressors etc. are diesel-powered, inertia-started and fitted with efficient spark arresters or quenched exhaust systems.		

Traveling Distance to nearest Divers Decompression Chamber (DDC) in hours	
Exact Location of nearest DDC	

Diving Permission's completed on dive support vessel's own diving permit and all pre-diving checks have been carried out and the diving team briefed regarding the dive-plan.	
Diving Supervisor's Signature	

## Downstream Pre-Diving Activity Checklists

---





## Downstream Pre-Diving Activity Checklists

### For completion by Dive Support Vessel Master & Chief Engineer (if applicable)

Name of Dive Support Vessel (DSV) :		
Master's Checklist		
Verified Item	Checked/ Signature	
Vessel's Master has approved Diving Activities.		
Flag "A" hoisted by Day and/or Red/White/Red Lights by night.		
Check Communications with Dive Supervisor.		
Appropriate "Warning" Notices have been displayed on the bridge.		
Agreed with dive supervisor how diving activities will be carried out.		
All crew members have been made aware of the diving activities.		
Deck Officers to inform Dive Supervisor of any boat movements to and from the vessel prior to the event.		
Duty Deck Officer's Name :		

Chief Engineer's Checklist		
Verified Item	Checked/ Signature	
Confirm DSV machinery status is ready for Diving Activities.		
All machinery and equipment that may be hazardous to divers has been isolated and measures taken to prevent them from being started or re-energised inadvertently.		
Isolations have been tested or verified.		
Diving Supervisor holds all keys or has verified security of isolations.		
"DO NOT OPERATE" notices placed on isolations.		
Diving Supervisor is aware of the status of all underwater machinery NOT isolated including suctions and discharges.		
Isolate impressed current system.		
All Engine Room personnel have been made aware of the diving activities.		
Chief Engineer's Name :		

Diving Permission's completed on dive support vessel's own diving permit, all pre-diving checks have been carried out and the diving team briefed regarding the dive-plan.	
Diving Support Vessel's Master's Signature	



## Downstream Pre-Diving Activity Checklists

**To be completion by Vessels Master / OOW / EOW  
If vessels moored at facility are affected by the diving activity**

Officer on Watch (OOW) Section	
Verified Item	OOW Signature
Flag "A" hoisted by Day and/or Red/White/Red Lights by night.	
Check communications with Dive Supervisor.	
Check communications with assigned crew member for Dive Team liaison.	
Dive Supervisor to be informed of any boat movements to and from the ship in advance of their arrival.	
Dive Supervisor to be informed of any other potential Simultaneous Operations that may affect diving activities as early as possible.	
All bridge equipment and controls that may be hazardous to divers have been isolated and locked out.	
All personnel have been made aware of the diving activities supported by appropriate notices and/or PA announcements.	
Arrangements in place to ensure that relieving watch-keeping staff are made aware that diving activities are taking place and that all risk control measures must remain in force.	
A VHF broadcast has been made to alert Port Authority, VTS and all other nearby vessels, informing all those in the vicinity that diving activities are approved and about to commence.	
Agreed dive location markers are deployed in the water.	
All potential hydrocarbon vapour emission sources have been identified, are secured and monitored.	
OOW Name :	

Engineer on Watch (EOW) Section	
Verified Item	EOW Signature
All machinery and equipment that may be hazardous to divers has been isolated and locked out.	
Main Engine Turning Gear engaged and energy sources isolated and locked out.	
Rudder amidships and steering gear energy sources isolated and locked out.	
Diving Supervisor is aware of the status of any systems or machinery NOT isolated, including sea suctions and overboard discharges.	
Impressed current system isolated and locked out.	
Arrangements are in place to ensure that relieving watch-keeping staff are made aware that diving activities are taking place and that all risk control measures must remain in force.	
EOW Name :	
Master's Name & Signature:	