



DIVING PERMIT

The Safety of Operations requires that all questions be answered in the affirmative. If each question is answered in the affirmative no further approval is needed, should any question be answered "No" the Duty Harbour Master must personally approve the diving.

No diver is to enter the water until this form is completed in its entirety. The completed copy must be emailed to the Harbour Master's Office via info@npa.ca. The original is to be on board at the job site available for inspection. In cases where permission is required, approval from the Harbour Master's office must be received prior to the start of the dive.

Company: _____ No. of divers: _____

Diving Support Vessel: _____

Date and Time - From: _____ To: _____

Location of Dive (be specific): _____

Purpose of Dive: _____

Divemaster Name (please print): _____

Contact #: Phone: _____ VHF: _____

Precautions

Each Question must be answered either Yes or No. If any question is answered No, dive cannot commence without specific authorization granted by the Duty Harbour Master.

- | | | |
|---|------------------------------|--|
| 1.) Will the dive be further than 500 m from a terminal? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 2.) Will the dive be outside a narrow channel? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 3.) Site marked by a marking buoy or a safety boat? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 4.) Are all divers certified? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 5.) Will the dive take place during daylight? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 6.) If the dive is within 500 m of a vessel or barge, has the Master completed a dive safety checklist? | YES <input type="checkbox"/> | NO <input type="checkbox"/> N/A <input type="checkbox"/> |

A Marine Voice Advisory is requested for this dive (check)

Declaration:

We have answered the questions on the check list and have satisfied ourselves that the entries we have made are correct to the best of our knowledge.

Name (please print): _____

Signature: _____ Date: _____

NOTE: For diving operations planned within 24 hrs, please email the form to ssingh@npa.ca.