



**FIPASS
DIVING OPERATIONS PERMIT**

Doc ID: ATLK-WP-004-V8
Amdt No:
Issue: 12/11/24
Review: 11/11/25

Permit Number:	ATL-D-	Date:	
Exact Location of the Job:			
Description of the Job:			
Company undertaking the Job:			
Approving Duty Manager:	Name:	Signature:	

THESE PRECAUTIONS MUST BE MET OR CONSIDERED PRIOR TO ANY DIVING OPERATIONS ON FIPASS

Item	Description	Yes	No
1	A Risk Assessment must be completed prior to any Diving Operations being conducted and a copy given to the Duty Operations Manager.		Mandatory Tasks / Must be Completed
2	A Rescue plan must be developed identifying recovery procedure and equipment required and briefed to all personnel involved in the task.		
3	All Divers must be deemed competent and authorised to Dive.		
4	Has a Dive Plan been completed and followed?		
5	Has all Diving equipment been inspected for serviceability?		
6	Have you received a vessel movement brief and printed copy of the daily operations sheet from the Duty Operations Manager?		
7	Has your Appointed Person been briefed, on all safety aspects?		
8.	Have you informed all vessels alongside FIPASS about the dive task?		
9	Is a copy of the Risk Assessment and Rescue Plan attached to this permit?		
10	Is there a communication plan in place, between you and FIPASS Duty Manager?		
11	Correct PPE available and serviceable?		
12	Has the vessel lock out system been verified and locked out?		
13	Has the Vessel Cathodic Protection System been switched off?		
14	Is the vessel, flying a Flag Alpha?		
15	Have you informed Stanley Port Control of the Dive task?		
16	Will starting this Dive task create another hazard with other planned work?		



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17	Is there a First Aid Kit available on site?		
18	Is there Oxygen available? If so where is it located?	Available	Located

ADDITIONAL SPECIAL INSTRUCTIONS OR CONTROL MEASURES:

Period of Validity	Date	Time	Date	Time
From and to:	/ /	:	/ /	:

Accepted by Person/s in Direct Control of Work	Notes:	Permit Location:				
<table border="1"> <tr> <td>Accepted by Name (Print):</td> <td></td> </tr> <tr> <td>Signature:</td> <td></td> </tr> </table>	Accepted by Name (Print):		Signature:		<p>Note: This DIVING Permit is only valid when person in direct control of work is at the work site.</p>	<p>This permit must remain at the job site whilst work is in progress. It must be returned to FIPASS Mgt Office on completion of job.</p>
Accepted by Name (Print):						
Signature:						

Divers performing the task.

Print Name:	Signature:	<p>Appointed Person is the nominated competent person who shall perform the task of safety watch while others are in the water. This person shall be deemed competent to fulfil the duties of a Dive Site, Appointed Person.</p>				
		Appointed Person				
		<table border="1"> <tr> <th>Print Name:</th> <th>Signature:</th> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Print Name:	Signature:		
Print Name:	Signature:					

Please Note: The person in direct control of this task has the responsibility to ensure the conditions contained within the permit are followed and Atlink Ltd accepts no responsibility or liability for the work being undertaken by the Permit Holder.