



**THE APPLICANT SHALL COMPLETE ALL SECTIONS, SIGN AND SUBMIT TO PORT OTAGO MARINE DUTY PILOT FOR APPROVAL AT LEAST 24 HOURS PRIOR TO WORK.**

Approval Checklist has been reviewed with the applicant prior to the commencement of work

**SECTION 1: GENERAL**

Agent / Authorised Representative Requesting Immobilisation \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Email / Fax: \_\_\_\_\_

Vessel Performing Immobilisation: \_\_\_\_\_ Location / Berth \_\_\_\_\_

Nominated Person in Charge of Immobilisation \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Email / Fax: \_\_\_\_\_

Permit Valid From: \_\_\_\_\_ (Hrs) Date: \_\_\_\_\_ To: \_\_\_\_\_ (Hrs) Date: \_\_\_\_\_

**SECTION 2: WORK DETAILS**

Type of Immobilisation:  Propulsion System  Manoeuvring System  Other

Description of Work \_\_\_\_\_

**SECTION 3: APPROVAL CONDITIONS**

	Y	N	N/A
Vessel <b>MUST</b> be securely moored alongside the berth throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Master should consider the weather forecast prior to immobilising and review throughout the immobilisation period	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advise Harbour Control on <b>VHF CH 14</b> prior to and on completion of immobilisation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Turning over of the propeller <b>MUST NOT</b> take place while working cargo i.e. Cranes over the vessels and hoses are connected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The gangway <b>MUST</b> be lifted should there be a requirement to turn over the propeller upon completion of engine maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crew <b>MUST</b> be stationed fore and aft should the propulsion system require to be tested and advise Harbour Control prior to doing so	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After repairs have been completed. The Main Engines are required to perform to design standards with the vessel attaining the performance standards as indicated on the Pilot Card during the departure of the vessel from Port Chalmers berths.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**If the Applicant is the Company which will carry out the work, by applying for this approval it makes the following warranties, undertakings and acknowledgements:**

1. The Applicant warrants that it understands the nature of the work and the risks associated with it has sufficient competence to carry out the work and accepts responsibility (including occupational health and safety responsibility) for the work.
2. The Applicant undertakes to notify Port Otago Limited as soon as possible after it identifies any issue which would prevent the work from being carried out safely, and to liaise with Port Otago Limited to allow the work to be carried out safely.
3. The Applicant warrants that, where it has particular expertise or technical knowledge with respect to the work.

**If the Applicant is not the Company which will carry out the work, by applying for this permit it makes the following warranties, undertakings and acknowledgements:**

1. The Applicant warrants that it understands the nature of the work and risks associated with it.
2. The Applicant undertakes to take whatever steps are required to ensure that the Company which will carry out the work understands the nature of the work and risks associated with it.
3. The Applicant warrants that the Company which will carry out the work has sufficient competence to carry out the work and accepts responsibility (including occupational health and safety responsibility for the work).
4. The Applicant undertakes to take whatever steps are required to ensure the Company which will carry out the work notifies Port Otago Limited as soon as possible after it identifies any issue which would prevent the work from being carried out safely and liaises with Port Otago Limited to allow the work to be carried out safely.

**Applicant's Authorised Representative:**

\_\_\_\_\_ (Name)                      \_\_\_\_\_ (Signature + Title)                      \_\_\_\_\_ (Date)

**Approval Authoriser:**

\_\_\_\_\_ (Name)                      \_\_\_\_\_ (Signature + Title)                      \_\_\_\_\_ (Date)

**SECTION 4: PERMIT CLOSE OFF**

The work has been completed and all persons who had a role in carrying out the work, materials and equipment have been withdrawn. The work area has been made safe and all operational activities can resume

**Authorised Representative of Applicant Signed** OR  **Company in Charge of Works Signed**

\_\_\_\_\_ (Name)                      \_\_\_\_\_ (Signature + Title)                      \_\_\_\_\_ (Date)

**Permit Authoriser:**

\_\_\_\_\_ (Name)                      \_\_\_\_\_ (Signature + Title)                      \_\_\_\_\_ (Date)