

THE APPLICANT SHALL COMPLETE ALL SECTIONS, SIGN AND SUBMIT TO PORT OTAGO HARBOUR CONTROL FOR APPROVAL AT LEAST 24 HOURS PRIOR TO WORK.

SECTION 1: GENERAL

Agent / Authorised Representative Requesting Life Boat Recovery exercise: _____

Applicant Vessel: _____ **Location / Berth:** _____

Contact Phone: _____ **Email / Fax:** _____

Nominated Person in Charge of Life Boat Recovery exercise : _____

Contact Phone: _____ **Email / Fax:** _____

Permit Valid From: _____ (Hrs) **Date:** _____ **To:** _____ (Hrs) **Date:** _____

SECTION 2: WORK DETAILS

Type : Life Boat Recovery

SECTION 3: APPROVAL CONDITIONS

SECTION 3: APPROVAL CONDITIONS	Y	N	N/A
Vessel must be securely moored alongside the berth throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Master should consider the weather forecast prior to commencing the Life Boat Recovery and review throughout the Life Boat Recovery exercises	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advise Harbour Control on VHF CH 14 prior to and on completion of Life Boat Recovery exercises	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All personnel involved in the Launch / Recovery exercises MUST wear appropriate Personal Protective Equipment. Communication must be maintained between the Bridge of the vessel and Harbour Control and between the Bridge of the vessel and the persons and craft involved in the Life Boat Launch / Recovery exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Take direction from Harbour Control staff on the timing of the exercises to conflict with other vessel movements. Should there be a conflict the timing of exercises will be delayed until a suitable time can be arranged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life boats MUST be operated at a slow speed when manoeuvring within port limits with due care to other users of the harbour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life boats MUST Keep at least 30 meters clear of other ships alongside. Beware of falling logs from log ships.	<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 permitted.

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)