

## NOTIFICATION OF INTENTION TO DIVE

<b>To</b>	Workplace Contact Unit Health and Safety Authority The Metropolitan Building James Joyce Street Dublin 1	<b>From</b>	
<b>Fax</b>	01 - 6147125	<b>Contact Number</b>	

### DETAILS OF DIVE

<b>Location Details</b>		<b>Maximum Depth</b>	
		<b>Intended Duration</b>	
		<b>Start Date</b>	
		<b>Start Time</b>	
<b>Diving Contractor</b>		<b>Mobile Number</b>	
<b>Relevant Person and Contact Number (if other than above). As per S.I. No. 422 of 1981, Safety in Industry (Diving Operations) Regulations, 1981.</b>			
<b>Equipment</b>	<b>Surface Air</b> <input type="checkbox"/>	<b>SCUBA</b> <input type="checkbox"/>	<b>Other:</b>

### DETAILS OF MANNING

POSITION	NAME	QUALIFICATIONS	MEDICAL DATE
Supervisor*			
Attendant			
Diver / Standby *			
Diver / Standby *			
Diver / Standby			
Diver / Standby			
Diver / Standby			
Diver / Standby			

**Risk Assessment Completed & Available at:**

**Dive Plan for Site Available at:**

**Comments:**

<b>Signature of Dive Supervisor</b>	<b>Date</b>
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\* = must be completed.