

Notice: Diving Operations

This notice is for the information of ship masters and others operating vessels in port waters.

Port location	Port of Esperance
Notice number	2026-03(T)
Date of publishing	05/05/2026
Date of effect	05/05/2026
Date of expiry	On cancellation of this notice
Former Notice	Nil
Notice issued by	Captain Murali Krishna, Harbour Master - Port of Esperance, Southern Ports
Related attachments	Chartlet
Related charts and publications	AUS 199 /ENC AU5119P1
Description	

Port users are advised that remediation works on the piles beneath Berths 1 and 2 are currently underway until August 2026. These works include:

- Diving operations underneath the berths.
- Use of a floating pontoon beneath the berths; and
- Operation of small vessels beneath and around the berth for works and access.

The vessel's involved shall display lights and shapes in accordance with collision regulations and the works shall be conducted only during daylight hours. The vessels will be maintaining radio watch on VHF:12/16

When the works are scheduled while vessels are alongside:

- Contractor "**Shorewater Marine**" will request access onboard the vessels at Berth 1 and 2 to confirm that all propulsion machinery is isolated and appropriate seawater suction and discharge is in use.
- **Master** and/or **Chief Engineer** will be requested to sign the attached permit

For further information Contact Captain Murali Krishna by email hm.esperance@southernports.com.au or the Duty Pilot on 08 9072 3362.



Vessel Isolation Permit

Important Note – Approval for Isolation application must be given by the Harbour master or approved delegate prior to any isolations.

Approval for Isolation application given: YES NO

PERMIT DETAILS		Permit Number:
Vessel Name/ID:		Client:
Workplace / Area:		Client Rep:
Description of work:		
Supervisor:	Name:	Phone Number:

Isolation Description	Comments – (Location of suction points etc)	Applicable	Engineer/ Master Item Tagged	Dive Supervisor Confirmed Tag
Main engines		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Starting rack		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bow and Stern Thrusters		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cathodic Protection System		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marine Growth Protection (impressed current)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sonar, Sounder		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suction points/water inlets		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ballast discharge		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anchor Winches		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Auxiliary Power Units		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Isolations in line with vessel SMS		<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Confirmed no Dangerous goods onboard that would affect the work area.		<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Special requirements or Exemptions

A copy of this Isolation must be sent to SPA pilots and Harbour Master
 SWM will aim to be onboard to remove any isolations within 20 minutes in case of an emergency

Permit Authorisation – Open

Harbour Master or approved delegate has been notified of Isolation of vessel Yes No

Harbour Master/Delegate requirements of Isolation:

Permit is only valid daily, during daylight working hours - Valid Until Date: _____ **Time:** _____

Master or Engineer		Supervisor	
By signing below, I declare that the isolations described in this permit have been isolated correctly and it is safe to conduct diving/waterside operations in the vicinity of the vessel.		By signing below, I confirm the completed isolations as stated above.	
Name:	Date:	Name:	Date:
Signed:	Time:	Signed:	Time:

Permit Closure

Harbour Master or approved delegate has been notified of reinstatement of vessel Yes No

Master or Engineer		Supervisor	
By signing below, I declare that the isolations have been removed.		By signing below, I confirm the removed isolations as stated above and any tags or locks removed.	
Name:	Date:	Name:	Date:
Signed:	Time:	Signed:	Time: