

MCC NUMBER

WNW _____

Minimum Control Checklist – Diving Work or Work with Drowning Risk

PART 1 – Minimum Controls Checklist details – Available on BSAFE

Work Order/Project #	
Name	
Contact Number	
Company	
Date & Time	

Minimum Controls Checklist (Open)

Location of Work	
Description of Work	
Person in control of the work	
Confirm the following is in place:	<input type="checkbox"/> Site specific SWMS in place and reviewed in consultation with work group <input type="checkbox"/> Work area cordoned off or barricaded/ warning signs in place <input type="checkbox"/> Emergency exits / muster points / contingency plans understood <input type="checkbox"/> All workers have current licenses/certificates of competency for the works
Which work are you performing?	<input type="checkbox"/> Diving work <input type="checkbox"/> Work in/near water/liquid with risk of drowning

Diving Work

☐ N/A

Select the relevant controls in place for the work	<input type="checkbox"/> Primary / Secondary Breathing Media on line with adequate volume <input type="checkbox"/> Stand by diver ready <input type="checkbox"/> Emergency rescue plan in place <input type="checkbox"/> DDC Operational and Ready <input type="checkbox"/> Compressor functioning with proper intake position <input type="checkbox"/> All communication systems checked, available and working <input type="checkbox"/> Diving rules and logs in place <input type="checkbox"/> Diving flag displayed and visual <input type="checkbox"/> Work operation discussed with divers and all involved parties
Please select relevant controls	<input type="checkbox"/> Suction Inlets/Outlets isolated <input type="checkbox"/> No scaffolding work above divers <input type="checkbox"/> All alarms are working properly <input type="checkbox"/> No Fishing within diving vicinity <input type="checkbox"/> Diving vessel secured if appropriate <input type="checkbox"/> Pre-task briefings to be carried out prior to activities <input type="checkbox"/> A dive plan is in place <input type="checkbox"/> Tidal conditions and/or currents, water temperature considered and deemed suitable

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	<input type="checkbox"/> Emergency oxygen supply available on site <input type="checkbox"/> First Aid and rescue equipment available on-site <input type="checkbox"/> PFD 1 lift jackets and other task specific PPE being worn by support personnel
Please identify and list the equipment that will be utilised during the dive operations that are to take place that will monitor the working environment in regard to health and safety	
Equipment type (list):	
Equipment calibration records checked	<input type="checkbox"/> Yes <input type="checkbox"/> NA
The Marine Master (area controller) has approved the works?	<input type="checkbox"/> Yes <input type="checkbox"/> NA
Please detail any other controls in place:	
Work in/near liquid with risk of drowning <input type="checkbox"/> N/A	
Select the relevant controls that are in place for the work	<input type="checkbox"/> Emergency rescue plan in place <input type="checkbox"/> Emergency rescue/standby person in place <input type="checkbox"/> No working alone policy in place <input type="checkbox"/> Environmental conditions considered - E.g. Tides, wind, temperatures <input type="checkbox"/> All communication systems checked, available and working between worker and spotter <input type="checkbox"/> Life buoys placed at critical areas of the construction zone in case a worker falls into the water or other liquid <input type="checkbox"/> PPE in place
What is the estimated depth of the water/liquid	
Please detail any other controls in place:	
Name:	
Signature	
Date	