

# Non Routine Towage Assessment



**PART 1 TO BE COMPLETED BY REQUESTING AGENT – RETURN TO - southwalesradio@abports.co.uk**

Date of Intended Passage ..... Agent Making Request (POC) .....

Agency ..... Contact Number(s).....

Type of Towage Operation (tick)    Dead Ship     Barge     Unusual Object

Towage From ..... To .....

## Details of The Tow

Name ..... LOA .....m    Breadth .....m    Draft .....m

Brief Description of Tow .....

.....

Is the tow manned? Yes  No

Are safe boarding arrangements available on each vessel requiring a pilot Yes  No

What functioning propulsion/steerage does the tow have?

Propeller(s)  Thruster(s)  Rudder(s)  None

## Tug Details

Name(s)..... LOA .....m    Draft .....m

Power/Bollard Pull ..... KW/t

Towing Arrangement .....

## Nominated Person with Overall Responsibility For The Safety Of The Manoeuvre

Name ..... Position .....

Organisation/Vessel .....

Contact Telephone No(s) .....

## PART 2 TO BE COMPLETED BY HARBOUR AUTHORITY

### Pilotage

Number of Pilots Required ..... (Manned tows require a pilot)

Boarding At .....    Disembarking at .....

Have safe pilot boarding arrangements been verified Yes  No

If 'No' give details .....

Is additional harbour towage required? Yes  No  If yes give details .....

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If necessary where will harbour towage be required? From ..... To .....

### Harbour Authority Review

Passage plan timing limitations .....

Passage Plan Agreed     Risk Assessment/Method Statement Agreed/Sighted

Reviewed By .....    Position .....

### Outcome

Approved     Additional Action Required     Actions Required .....

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Signature .....