



Non Routine Towage Assessment



PART 1 TO BE COMPLETED BY REQUESTING AGENT – RETURN TO ahmspurn@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 LOAm Breadthm Draftm

Brief Description of Tow

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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)..... LOAm Draftm

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

HES 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