



MARINE SAFETY BRANCH

Hire & Drive Emergency Support System, Safety Plan (ESSSP)

| | | | |
|----------------------------------|------------|------|--------|
| Owner: | | | |
| Address: | | | |
| Contact Name of Operator/Manager | | | |
| Contact details: | Telephone: | Fax: | Email: |
| H & D Permit Number/s: | | | |

| | | |
|---|--|--|
| • | Type of Vessel. | |
| • | Max number of persons allowed on vessel. | |
| • | Location of Pickup and Return Point of Hire. | |
| • | Description of Area of Operation, Map attached. | |
| • | Time and location for vessel return. | |
| • | Time and Action at which we initiate search. | |
| • | Time at which we advise Police/Emergency Services/Ranger (specify) | |
| • | Name of person / holder of Senior First-Aid Certificate. (Copy attach.) | |
| • | In event of accident or missing vessel what communications and outside assistance are available. | |

Additional information over-page

Signature Owner/Operator **Date:**

APPROVAL SIGNATURE:

NAME

SIGNATURE

DATE

Additional Information:

Empty rectangular box for providing additional information.