### OPERATIONAL AND TRIALS PLAN PROFORMA

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| **Plan reference:** | | |
| Trial serial number |  |  |
| Date code |  | [YYYY-MM-DD] |
| Trials identifier name |  |  |
| Launch Location / Home Port |  |  |
| Operations area |  |  |

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| **Contact details:** | |
| Corporate Name | Address |
| Owner/Ship Owner |  |
| Main Operator / Responsible person Master Operating & Emergency contacts Designated person ashore | Definitions as per Ch 2 of the CoP |
| Insurance Company and Policy Number |  |

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| **Contact person(s):** | | | |
| Name(s) | Email address(es) | Telephone number(s) | Title / Responsibility / Training and Experience |
|  | People and experience relevant to operation conduct and execution |  |  |

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| **Date and location of operation:** | |
| Please identify the intended operational area(s). Use the most appropriate means of defining location such as co- ordinates latitudes/longitudes or by marking on a chart image to be inserted or attached. Add further lines if more locations are needed | |
| Location(s) | L1: including Charts and areas to be employed |
|  | L2: |

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| **Schedule:** | | |
| Dates / times | Location | Activities |
|  | [e.g. L1] | [e.g. station keeping, target towing, high speed runs] |
|  |  | [or detail Operational window for trials/Ops to allow flexibility for delays, programme changes or weather] |

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| **Unmanned craft details:** | | | |
| Total number of unmanned craft | |  | |
| Please complete the following, and create a separate table for each craft involved in the trial: | | | |
| Name(s) |  |  |  |
| AIS Transmission? | Yes/No. Note – AIS should normally be fitted. | MMSI: |  |
| Length overall |  | Beam |  |
| Draught |  | Displacement |  |
| Max speed |  | Operational speed |  |
| Propulsion type | [e.g. twin propeller] | Fuel | [e.g. Lithium ion battery] |
| Payloads | [and detail any towed sensors: size and depth] |  |  |
| Visual & sound identification | [e.g. port of Origin & Destination, vessel description; shapes, lights, sound signals, flags] | | |
| Design and Build Assurance details if available (Including Load Line requirements if appropriate) |  | | |
| Picture of Vessel | Add attachment picture, for visual identification | | |

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| **Main Remote Control Centre:** | |
| If there are several Remote Control Centres, please provide details for the main centre or a central point of contact for the duration of the trial. | |
| Location |  |
| Contact details |  |
| Control link type 1 |  |
| Frequency 1 |  |
| Control link type 2 |  |
| Frequency 2 |  |
| Details of OFCOM license if appropriate |  |

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| **Safety Case:** | |
| Safety Case / Risk Assessment | Reference to attached Documents |
| Please specify the consequences in the event of a failure of command and control datalink: | |
| [e.g. propulsion will stop after a timeout of 15 seconds]  Include use of guard ship/support vessels employed or on immediate stand-by  Immediate salvage of ‘vessel not under command’ (Total power loss or Command Link failure) | |

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| **Support craft:** | |
| Number and type of support craft |  |
| Name / call sign |  |
| Phone number |  |
| MMSI if transmitting on UAIS |  |
| Intended role during trial, and station/proximity during trial/Ops | [including, Time to close to unmanned craft & station keeping requirements] |
| Unmanned craft recovery method | [Including role to tow vessel to and from harbour facility or launch area] |

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| **Brief description of trials operations:** |
| Please provide a description of intended operations |
| [e.g. – the USV will be running a survey pattern in an area South of Bear Island, typically comprising a raster pattern or 20 lines, spacing 10m apart and 500m long, South of Bear Island and clear of shipping lanes;  a manned support craft will remain in line of sight within 300m of the USV for the duration of the trial] |

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| **Additional information:** |
| [e.g. – this is similar to trial serial number or date (yyyy-mm-dd].  [Other authorities/contacts to be informed e.g. adjacent waterspace authorities, intended trials promulgations, collaborative trials with other operators, communication broadcasts] |

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| **Post Operation Review:** |
| [e.g. Lessons Identified, Debrief issues, Feedback to appropriate authorities] |

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| **Approval (If required):** |
| Constraints |
| [e.g. approved for daylight operations, support boat to keep watch on Channel 13] |

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| **Approval signature:** | |
| Appropriate authority | [e.g. Which authorities have been consulted] |
| Name |  |
| Signature |  |