|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| K:\Active Projects\18009 Brand Development\05-Visual Identity Development\PMNZ Logo Suite\Port Marlborough Logo Suite\Secondary Logo (Horizontal)\CMYK (PRINT)\PML-Logo-Horizontal-CMYK.jpg**CRANE LIFT PERMIT** | | | | | | |
| **Date:** |  | | **Job Location:** | |  | |
| **Work/Task/Project Description:** |  | | | | | |
|  | | | | | | |
| **Company:** |  | | | | | |
| **Permit Receiver (Name):** |  | | | **Signed:** | |  |
| **Receiver Phone No. (Mobile):** |  | | |  | |  |
| **Permit Issuer (Name):** | |  | | **Signed:** | |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PERMITS OVER 1 DAY (MAX 5 DAYS)** | | | | |
|  | Day 2 | Day 3 | Day 4 | Day 5 |
| Date: | / / | / / | / / | / / |
| Receiver: | *Sign Here* | *Sign Here* | *Sign Here* | *Sign Here* |
| Issuer: | *Sign Here* | *Sign Here* | *Sign Here* | *Sign Here* |
| Ensure all newly identified hazards and/or changes are communicated to the entire team | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Crew** | | | **Lifting Gear** | | |
| Operator & Rigger hold a current appropriate licence | | Y / N | Has all the lifting equipment been quarterly tested and tagged, are the tags all in date | Y / N | |
| Have all workers been assessed as competent to carry out all work activities associated with this lift | | Y / N | Will the lifting equipment been inspected immediately prior to use for defects | Y / N | |
| Has the crane operator and dogman established a clear method of communicated to coordinate the planned lift | | Y / N | Have the SWL/WLL of the slings, shackles etc been checked for the load applied | Y / N | |
| Has a safe system of work (SOP, JSA, SWMS) been developed for this work activity and communicated to all workers involved | | Y / N | Have the angles and rigging method been considered in checking the lifting capacity | Y / N | |
|  | | | If using man cage have all components been checked | N/A | |
| Is the crane hook fitted with a safety catch and is it operational? | Y / N | |
| **Lift** | | | **Load** | | |
| Verify any required WorkSafe notification has been made  (Including if a person is to be hoisted) | | N/A | Is the weight of the load and rigging, fly, hooks etc known to all persons involved in the lift | Y / N / NA | |
| Does the safe system of work include instructions to create a fenced exclusion zone and confirm this will be established onsite | | Y / N | Has an appropriate load chart for crane configuration been selected | Y / N | |
| Has a lift plan been completed | | Y / N | Is the load free of loose unsecured items | Y / N | |
| If the lift involves lifting personnel, is the anti-block device installed and has it been tested immediately prior to the lift. | | N/A |  | | |
| **Crane** | | | **Environment & Work Area** | | |
| Pre/post start operational checks will be completed prior to the lift being started | | Y / N | Have the PMNZ Engineers been consulted and notified in writing | N/A | |
| Are all the cranes safety devices functioning | | Y / N | Has the PMNZ manager/supervisor for operational area been consulted and notified in writing | Y / N | |
| Have the ground/structure conditions been assessed for bearing capacity and determined to be adequate. | | Y / N | Will the: wind speed, weather (including lightning) been assessed and deemed within safe limits | Y / N | |
| Will the crane be setup with outriggers fully deployed and supported on the correct crane mats | | Y / N | Has an inspection of the work area for underground and above ground services been conducted (powerline 10m) | Y / N | |
| Is the lift within the specific limits of the specific load charts for the configuration and radius | | Y / N | Has consultation been undertaken with all affected parties. | Y / N | |
| **Other controls:** | |  | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |

|  |  |
| --- | --- |
| **Rescue Plan:** |  |
|  | |
|  | |
|  | |
|  | |
|  | |

|  |  |  |  |
| --- | --- | --- | --- |
| *WORKERS ON SITE PRINT AND SIGN YOUR NAME IF YOU HAVE READ AND AGREE WITH THE PERMIT CONTENT* | | | |
| Name | Signature | Name | Signature |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
|  | SITE VISITS FOR VERIFICATION |  |
| Site visit details (date/ time) | Notes | Signature |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |