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| 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:** |  |

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| **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 |

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| **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:** |  |
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| **Rescue Plan:** |  |
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| *WORKERS ON SITE PRINT AND SIGN YOUR NAME IF YOU HAVE READ AND AGREE WITH THE PERMIT CONTENT* |
| Name | Signature | Name | Signature |
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|  | SITE VISITS FOR VERIFICATION |  |
| Site visit details (date/ time) | Notes | Signature |
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