

LIFTING CERTIFICATE

PERMIT HOLDER	00001		Ref. WP #		Permit Holder			Date		
	Other Certificates/ supporting documents	<input type="checkbox"/>	Confined Space Entry	<input type="checkbox"/>	Electrical	<input type="checkbox"/>	Lift Plan	Estimated Time of Completion: _____		
		<input type="checkbox"/>	Hot Work	<input type="checkbox"/>	LOTO	<input type="checkbox"/>	Traffic management plan			
		<input type="checkbox"/>	Excavation	<input type="checkbox"/>	Working at height	<input type="checkbox"/>	Emergency response plan			
	Work Location					Equipment ID				
	Work Description					Crane Operator				
						Lift Supervisor				
						Dogman/Rigger				
	CRANE INFORMATION									
	Type of crane				Crane capacity (SWL)			Crane Certification No.		
				SWL of crane attachments/slings						
ACTIVITY DETAILS										
Location of Lift				Lift Weight (Kg)			Total weight of lifting equipment (Kg)			
Maximum Lift Radius (m)				Combined total lift weight (Kg)			NOTE: Over 70% of maximum lift capacity at radius requires SPI approval			
CHART CAPACITY AT RADIUS				KG		PERCENT OF CHART CAPACITY (recommended by the manufacturer)				%
CONTROLS (Permit Issuer to check required controls and then initial once controls are in place)										
PERMIT ISSUER	Req'd	Confirmed								
	<input type="checkbox"/>	<input type="checkbox"/>	Communications between the Crane Driver and the Dogman is been agreed.							
	<input type="checkbox"/>	<input type="checkbox"/>	Check the ground stability							
	<input type="checkbox"/>	<input type="checkbox"/>	Check for underground services							
	<input type="checkbox"/>	<input type="checkbox"/>	Confirm crane SWL, position and access when lifting							
	<input type="checkbox"/>	<input type="checkbox"/>	Check the crane lift and swing arc is outside overhead services permissible distances and other overhead hazards							
	<input type="checkbox"/>	<input type="checkbox"/>	The crane, slings, shackles and other lifting equipment must have their SWL identified.							
	<input type="checkbox"/>	<input type="checkbox"/>	All lifting equipment must have a tag of the current date of last load test carried out by a competent person							
	<input type="checkbox"/>	<input type="checkbox"/>	Check weather conditions are suitable for the entire works completion. DO NOT proceed if it may endanger the stability of the crane							
	<input type="checkbox"/>	<input type="checkbox"/>	When the crane is unattended the operator must ensure that no load is suspended							
	<input type="checkbox"/>	<input type="checkbox"/>	When using mancages, refer to working at height SWP							
	<input type="checkbox"/>	<input type="checkbox"/>	Crane operator's competency is to be verified prior to work starting							
	<input type="checkbox"/>	<input type="checkbox"/>	Prestart inspections is conducted and recorded for crane, attachments and lifting equipment							
	<input type="checkbox"/>	<input type="checkbox"/>	Check complete setup of crane and attachments for safe lift prior to lift.							
	<input type="checkbox"/>	<input type="checkbox"/>	Ensure tag lines on the load are secure and workers are clear of suspended load.							
<input type="checkbox"/>	<input type="checkbox"/>	Ensure all workers are clear of swing arcs and fall risks prior to and during the lift.								
<input type="checkbox"/>	<input type="checkbox"/>	Install and maintain a 2m clear cordoned area around the lift area								
LIFT SKETCH										
APPROVAL TO START WORK										
I certify that I have reviewed the proposed work and I am satisfied that it is adequately described on the Work Permit and that the controls detailed in this certificate are adequate and clearly defined.										
Permit Holder:				Signature:			Date:		Time:	
I certify that I am aware of the planned work and the controls detailed on the Work Permit and will ensure that work only proceeds when all the conditions set out in the documentation are met.										
Permit Issuer:				Signature:			Date:		Time:	
CLOSE OUT										
The lifting work has been completed and the work area restored to the original condition										
Permit Holder:				Signature:			Date:		Time:	
I have checked the worksite and confirmed that the lifting work has been completed.										
Permit Issuer:				Signature:			Date:		Time:	