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HSE OPERATIONAL CONTROL FORMS	Document No	ADTKP-OP-309-FRM05	
Form Title	Effective Date	30/06/2013	
MECHANICAL LIFTING PERMIT	Review Date	02/07/2019	

Personnel who are required to carry out Lifting over 20 tonnes or using dual or multiple cranes must be authorised. A risk assessment must be performed, with appropriate controls put in place, prior to work commencing. In the case of dual/multiple cranes, a formal Crane Lift Method Study must be completed by a competent person and attached to this Permit.

Are the personnel involved with the actual lift, Licensed, Trained and Competent?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do they have a current 3 rd party certificate (operator / crane / lifting accessories)?	<input type="checkbox"/> YES <input type="checkbox"/> NO

SECTION 1 – Specification of Work & Permit validity

Location of Work Area:			
Purpose / Type of Work:			
Crane Size:	Crane Certificate No:	Load Mass:	Lift Radius:

SECTION 2 - Control Measures

Is the work area generally clear of hazards?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are additional isolations required?	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, Isolation Permits must be attached to this permit.
Is an emergency plan required?	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, Emergency Plan must be attached to this permit.

SECTION 3 – Checklist Please TICK Y = Yes, N = No

GENERAL	Y	N	GENERAL	Y	N
Has a Risk Assessment been undertaken?			Has pick up point and delivery method been considered?		
Is the load being lifted over live plant or live lines (e.g. gas)?			Has a check been performed for power lines in the area of lift and isolation or mandatory clearance instigated?		
Is the crew familiar with the equipment and experienced at doing the task safely?			Has appropriate 'loaded crane slew path' been chosen?		
Does the task involve multiple sequential steps?			Has clear path of entry free of obstacles been established?		
Is the object being lifted > 20 tonnes?			Sufficient headroom has been allowed?		
Is this a crane assembly, disassembly or reconfiguration?			Sufficient boom point elevation has been allowed?		
Are you using an Overhead Travelling Crane/Monorail to lift within 3 ^o of vertical?			Provide safe access for de-rigging?		
Has a check for underground services been undertaken?			Set down and rigging areas have been identified?		
Is the required orientation at placement known by the operator?			Are there any compromising effects of weather Existing at the site?		
Has insulation between the object and crane been provided, if the object is to be welded?			Maximum wind speed for crane load? Can it be measured?		
THE CRANE	Y	N	THE LIFTING GEAR	Y	N
Have the pre and post start operational checks been completed?			Are you using lifting lugs? Have they been properly designed? Is the SWL labelled?		
Are all the crane's safety devices, including the cab air conditioning functioning correctly?			Have the SWL and/or WLL of the slings, shackles, etc. been checked for the load to be applied?		
Have the ground conditions or structure been determined to be adequate?			Have the sling angles and rigging method been considered in checking the capacity?		
Is the crane set up with outriggers fully deployed and supported on the correct crane mats?			Has the lifting gear been inspected for defects and damaged?		
Is the lift within specific limits of the relevant load charts for the configuration and radius?			All lifting gears third party certified? (attach)		



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THE LIFT	Y	N	THE LOAD	Y	N
If the lift involves personnel or lifting or lifting over personnel has risk assessment or rigging study been done?			Is the weight of the load and rigging, fly, hooks etc. known to persons involved in the lift?		
If there is a procedure for this lift, is it being used?			Has an appropriate load chart for crane configuration/proposed configuration selected?		
Is there adequate guidance in the defined behaviours and rules for the lift?			Is the overall lifting weight known? Have all items to be lifted been included? Load Weight?		
Is the area of the lift free of operating plant, piping, live electrical lines and underground services?			Is the load of a routine nature? (e.g. not awkward) Is load free of loose unsecured items?		
Has the radius been checked with a tape measure or surveyed using engineering plants etc?			THE CREW	Y	N
Does the lift appear to be straightforward with adequate headroom?			If load is heavier/more complex than Rigger normally handles? Is the Supervisor aware of this?		
Has the area of the lifting operation been protected using barricades, tape and/or spotters?			Does the rigger have appropriate statutory certification and assessment by third party for competency lift? (attach)		
If people are working at height, has a risk assessment been done and correct PPE sources?			Does the crane operator have appropriate statutory certification and assessment for competency to complete this type? (3 rd party certificate attached)		
Are environmental conditions safe for the lift? e.g. not too windy, storms approaching?			Has the controller of the lift been identified and wearing appropriate coloured reflective vest?		
Any chance of the load impacting the boom or crane body, or boom to obstacles? Has rigging study been done?			Is there adequate ancillary equipment? e.g. boom lift, scissor lifts, forklifts and does the operator have competency for work?		

SECTION 4 – Person In charge

I accept this Permit, agree to be bound by the conditions detailed above and the associated procedure(s), and accept responsibility as the person directly in charge of the work. I have read the attached risk assessment, procedures and Rescue plan and have the observed risk controls in place.

Name:	Signature:	Contact No:	Company:	Date: / /
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SECTION 5 :- No Objection with stamp from Concerned Departments

Engineering	Operations
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SECTION 6 – Authorisation and Permit Validity (ADT HSE DEPARTMENT)

Date of issue : / /	Starting time : hrs
Date of expiry : / /	Expiry time : hrs

I authorise the Lifting of loads > 20 tonnes subject to the conditions/precautions of the Risk Assessment as indicated on this Permit. Note: Risk Assessment MUST be attached to this document for authority to be complete.

Name:	Signature:	Date: / /
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Permit is valid only if the conditions existing at the time of issuance continue. It expires upon occurrence(s) including hazards such as gas leaks, liquid spills, fire, wind direction changes (vapour blowing in work area, etc.), or at the request to cease work.

SECTION 7 – Extension of Time



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SECTION 8 – Completion, Suspension or Cancellation of Work Please TICK the appropriate response:

All work associated with the Lifting Permit has been: COMPLETED SUSPENDED CANCELLED

The work area and adjacent areas have been inspected after completion of the work and all hazards have been made safe: YES NO

Equipment has been checked and restored correctly: YES NO

Additional comments:
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Company:	Name of the person:	Signature:	Date:	Time :
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