

PTW- LIFTING OPERATION (DAILY)

GENERAL INFORMATION													
Company:	OMC Permit No:												
Date:	Location of Lift (provide sketch if necessary):												
Description of Lift:													
Type of lift: SINGLE / MULTIPLE / HEAVY LIFT	LM Cert No:												
Type of Crane: CRAWLER / MOBILE CRANE / ROUGH TERRAIN / BOOMLIFT / SCISSOR LIFT / LORRY CRANE / TOWER CRANE / FORKLIFT / FLOATING CRANE / SHIP CRANE	Crane Make & Model:												
	Max Capacity: TONS												
	Boom length: M												
Description of Load:	Max Working Radius: M												
Total Weight of Load: KGS	Corresponding SWL: KGS												
Remarks (if any):	Crane Capacity Used: %												
Start Date & Time:	End Date & Time:												
STAGE 1: APPLICATION BY TRADE SUPERVISOR													
I shall ensure compliance with the below mentioned requirements prior to the lifting operations:													
<input type="checkbox"/> Ensure a set of lifting procedure (LP) is available. The LP, RA is briefed to the lifting crews involved <input type="checkbox"/> LP available & approved by trade supervisor <input type="checkbox"/> Ensure ground condition is safe for crane lifting operation. <input type="checkbox"/> Crane is level with all wheels clear of the ground or crawler crane set on level and firm ground <input type="checkbox"/> Outriggers are fully extended and required load bearing pads are provided for Lorry or Mobile cranes <input type="checkbox"/> Safety barriers & warning signs are erected to prevent unauthorized entry <input type="checkbox"/> Appropriate lifting gears with valid certificate, good condition and color coded <input type="checkbox"/> Sufficient tag line provided and no one is touching or holding the material to prevent "LINE OF FIRE" <input type="checkbox"/> Appointed Lifting Supervisor, Riggers & Signal man are clearly identified and equipped with whistle	<input type="checkbox"/> Daily crane operator inspection carried out to ensure safe operation of crane and verified by Lifting Supervisor <input type="checkbox"/> Ensure crane operator is registered and briefed on his duties <input type="checkbox"/> Ensure there is no obstruction or electrical power line in lifting zone												
<table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr style="background-color: #cccccc;"> <th style="text-align: left; padding: 5px;">RELEVANT DOCUMENTS (PLEASE TICK)</th> <th style="width: 50px; text-align: center; padding: 5px;">v</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">Risk Assessment for the intended work in place.</td> <td style="text-align: center;"></td> </tr> <tr> <td style="padding: 5px;">Valid crane operator license and LM documents submitted.</td> <td style="text-align: center;"></td> </tr> <tr> <td style="padding: 5px;">Lifting Plans/Procedures in place.</td> <td style="text-align: center;"></td> </tr> <tr> <td style="padding: 5px;">JSA briefing to worker.</td> <td style="text-align: center;"></td> </tr> <tr> <td style="padding: 5px;">Lifting Supervisor/Rigger and Signalmen Certificates.</td> <td style="text-align: center;"></td> </tr> </tbody> </table>		RELEVANT DOCUMENTS (PLEASE TICK)	v	Risk Assessment for the intended work in place.		Valid crane operator license and LM documents submitted.		Lifting Plans/Procedures in place.		JSA briefing to worker.		Lifting Supervisor/Rigger and Signalmen Certificates.	
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Name & Designation	Signature	Date & Time	Company Name	Contact Number									
STAGE 2: ENDORSEMENT BY SAFETY PERSONNEL													
I have inspected and confirm that the recommended safety measures are in place.													
Remarks (if any) : _____													
Name & Designation	Signature	Date & Time	Company Name	Contact Number									

