

OMC PTW for lifting operations

Doc No: JPPL_EHS-19-03-F-02

Revision No: 02 Effective Date: 28 December 2018

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PTW-LIFTING OPERATION (DAILY)

GENERAL INFORMATION						
Company:	OMC Permit No:					
Date:	Location of Lift (provide sketch if necessary):					
Description of Lift:						
·						
Time of life, CINCLE / AMULTIDLE / LIFANYLIFT	LNA Cont No.					
Type of lift: SINGLE / MULTIPLE / HEAVY LIFT	LM Cert No:					
Type of Crane: CRAWLER / MOBILE CRANE / ROUGH TERRAIN /	Crane Make & Model:					
BOOMLIFT / SCISSOR LIFT / LORRY CRANE / TOWER	Max Capacity: TONS					
CRANE / FORKLIFT / FLOATING CRANE / SHIP CRANE	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 requirement	ents prior to the lifting operations:					
Encurs a cot of lifting procedure (LD) is available. The LD	Daily grans energiar inspection carried out to ensure sa	fo aparation of				
☐ Ensure a set of lifting procedure (LP) is available. The LP, RA is briefed to the lifting crews involved	 Daily crane operator inspection carried out to ensure sa- crane and verified by Lifting Supervisor 	ie operation of				
☐ LP available & approved by trade supervisor	☐ Ensure crane operator is registered and briefed on his d	uties				
☐ Ensure ground condition is safe for crane lifting operation.	☐ Ensure there is no obstruction or electrical power line in					
\square Crane is level with all wheels clear of the ground or						
crawler crane set on level and firm ground						
☐ Outriggers are fully extended and required load bearing	RELEVANT DOCUMENTS (PLEASE TICK)	V				
pads are provided for Lorry or Mobile cranes	Risk Assessment for the intended work in place.					
☐ Safety barriers & warning signs are erected to prevent unauthorized entry	Valid crane operator license and LM documents					
☐ Appropriate lifting gears with valid certificate, good	submitted.					
condition and color coded	Lifting Plans/Procedures in place. JSA briefing to worker.					
☐ Sufficient tag line provided and no one is touching or	Lifting Supervisor/Rigger and Signalmen Certificates.					
holding the material to prevent "LINE OF FIRE"	0 1 1 30 0					
☐ Appointed Lifting Supervisor, Riggers & Signal man are						
clearly identified and equipped with whistle						
Name & Designation Signature Date	e & Time Company Name Contac	t 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	e & Time Company Name Contac	t Number				



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STAGE 3: APPROVED BY PROJECT MANAGER/ SITE MANAGER.								
2. I have instru	cted the safety p	and risks associate ersonnel to ensure safety measures a	e the hazards and risks are elimi	nated or crit	tically reduced to a conte	mporary objective		
Name & Desig	gnation	Signature	Date & Time	Company Name		Contact Number		
STAGE 4: NO	TIFICATION O	FCOMPLETION	BY TRADE SUPERVISOR (PE	RMIT HOL	DER)			
			ed and restored to safe condition			t.		
Name & Desig	gnation	Signature	Date & Time	Company	nme Contact Number			
STAGE 5: ACI	KNOWLEDGEN	MENT BY OMC V	VSH DEPARTMENT					
			turned back to OMC WSH Depa	rtment.				
Name & Desig	gnation	Signature	Date & Time	Company Name		Contact Number		
VALIDATION / CHANGE PERMIT HOLDER								
			HE SITE CONDITIONS ARE UNC	HANGED AN	D THAT THE SAFETY PREC	CAUTIONS WILL BE		
DATE	TIME	ORKING UNDER TH	NAME		SIGN	ATURE		
DAIL	111112		IVAIVIE		51014	AIGHE		
VALIDATION OF PERSONS WORKING UNDER THIS PERMIT TO WORK								
PERSONS WORKING UNDER THIS PTW CONFIRMS THAT THEY HAVE BEEN BRIEFED ON THE FULL SCOPE OF WORK, ATTENDED THE TOOL BOX MEETING, PARTICIPATED IN THE JOB SAFETY ANALYSIS AND DECLARE THAT THEY WILL ABIDE BY THE STATED WORK CONDITIONS. THE PERSONS UNDER THIS PTW ARE APPOINTED FOR THE SOLE PURPOSE FOR THE ABOVE DECLARED WORK ACTIVITY.								
DATE	TIME	271 023 10	NAME		Designation	SIGNATURE		