



OMC PTW for lifting operations

Doc No: JPPL-EHS-19-03-F-02

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Effective Date: 15 September 2020

## 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 / 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="margin-left: auto; margin-right: auto;"> <thead> <tr style="background-color: #d3d3d3;"> <th style="text-align: left;">RELEVANT DOCUMENTS (PLEASE TICK)</th> <th style="text-align: center;">v</th> </tr> </thead> <tbody> <tr> <td>Risk Assessment for the intended work in place.</td> <td></td> </tr> <tr> <td>Valid crane operator license and LM documents submitted.</td> <td></td> </tr> <tr> <td>Lifting Plans/Procedures in place.</td> <td></td> </tr> <tr> <td>JSA briefing to worker.</td> <td></td> </tr> <tr> <td>Lifting Supervisor/Rigger and Signalmen Certificates.</td> <td></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
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**STAGE 3: APPROVED BY PROJECT MANAGER/ SITE MANAGER.**

1. I have evaluated the hazards and risks associated with the job.  
 2. I have instructed the safety personnel to ensure the hazards and risks are eliminated or critically reduced to a contemporary objective standard and all recommended safety measures are in place.

Name & Designation	Signature	Date & Time	Company Name	Contact Number
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**STAGE 4: NOTIFICATION OF COMPLETION BY TRADE SUPERVISOR (PERMIT HOLDER)**

I confirm that the above stated work was completed and restored to safe condition. Housekeeping has been carried out.

Name & Designation	Signature	Date & Time	Company Name	Contact Number
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**STAGE 5: ACKNOWLEDGEMENT BY OMC WSH DEPARTMENT**

I acknowledge that the permit is closed and is returned back to OMC WSH Department.

Name & Designation	Signature	Date & Time	Company Name	Contact Number
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**VALIDATION / CHANGE PERMIT HOLDER**

**THE PERMIT HOLDER CONFIRMS THE SCOPE OF THE SITE CONDITIONS ARE UNCHANGED AND THAT THE SAFETY PRECAUTIONS WILL BE OBSERVED BY ALL PERSONS WORKING UNDER THIS WORK PERMIT**

DATE	TIME	NAME	SIGNATURE

**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	NAME	Designation	SIGNATURE