

IPTW- FORKLIFT OPERATION

GENERAL INFORMATION						
Company:		OMC Permit No:				
Date:		Location for forklift use: (provide sketch if necessary):				
Description of forklift activity:						
Description of Load:		Forklift Make & Model:				
Total Weight of Load:		TONS	Max Capacity of Forklift:			
		TONS				
Forklift Power Source : (Tick the answer)	DIESEL	BATTERIES	LPG	OTHERS :		
Permit Validity 7 days						
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:						
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top; padding: 5px;"> <input type="checkbox"/> Risk assessment available for intended work <input type="checkbox"/> Ensure forklift operators are trained, competent and authorised <input type="checkbox"/> Operators have attended appropriate training when handling forklift with capacity of more than 5 tons. <input type="checkbox"/> Comply with speed limit for forklift (10km/h) </td> <td style="width: 50%; vertical-align: top; padding: 5px;"> <input type="checkbox"/> Ensure goods lifted are secured and within the stipulated capacity of the forklift <input type="checkbox"/> Daily pre-operation checklist for forklift is completed and attached following the duration of the permit validity <input type="checkbox"/> Ensure the servicing and inspection intervals of forklift is in accordance with the specifications of the manufacturer <input type="checkbox"/> Ensure banksman in place to guide forklift when maneuvering in tight area or load is obstructing front view </td> </tr> </table>					<input type="checkbox"/> Risk assessment available for intended work <input type="checkbox"/> Ensure forklift operators are trained, competent and authorised <input type="checkbox"/> Operators have attended appropriate training when handling forklift with capacity of more than 5 tons. <input type="checkbox"/> Comply with speed limit for forklift (10km/h)	<input type="checkbox"/> Ensure goods lifted are secured and within the stipulated capacity of the forklift <input type="checkbox"/> Daily pre-operation checklist for forklift is completed and attached following the duration of the permit validity <input type="checkbox"/> Ensure the servicing and inspection intervals of forklift is in accordance with the specifications of the manufacturer <input type="checkbox"/> Ensure banksman in place to guide forklift when maneuvering in tight area or load is obstructing front view
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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		

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

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

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

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