

Lifting Operation Permit

Project Name:

Lifting Operation Permit No.:

Date:

Time:

1. Lifting Operation Details

Location of Operation:

Type of Lifting Equipment:

Description of Load:

Weight of Load (kg):

Lifting Plan Ref. No.:

Weather Conditions:

2. Personnel Details

| Role | Name | Competency / Certification |
|--------------------|------|----------------------------|
| Lifting Supervisor | | |
| Crane Operator | | |
| Rigger | | |
| Signalman | | |

3. Safety Checks

| Safety Requirement | Checked (âœ“) | Remarks |
|----------------------------|---------------|---------|
| Equipment Inspection Done | | |
| PPE Provided & Worn | | |
| Exclusion Zone Established | | |
| Toolbox Talk Conducted | | |
| Weather Permits Work | | |

4. Emergency Preparedness

Nearest Clinic/First Aid Post:

Rescue Plan Prepared:

Emergency Contact No.:

5. Authorization

Lifting Supervisor

Site Safety Officer

Project/Site Manager