

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 (✓)	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