



LIFTING PERMIT

Permit No. (For MPC Official):

1. GENERAL

Project / Vessel			
Location			
Contractor		Date/time operation	
		Lifting validity (for MPC Official)	

2. DETAILS OF THE LOAD/S

Name	Weight	Dimension	Amount	Attachment
				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

3. DETAILS OF LIFTING EQUIPMENT/GEARS

Type of lifting equipment			
Max SWL as certified on LM cert		Date of last inspection	
Max boom / Jib length	m	Fly jib / offset	
Intended load radius		SWL at this radius	
Type of lifting gears			
Combined weight of lifting gears	Kg / tonne	Certification of lifting gears	<input type="checkbox"/> Yes <input type="checkbox"/> No
SWL of LG	Kg / tonne		

4. PERSONNEL INVOLVED IN LIFTING OPERATION

Position	Name		Certification
Lifting Supervisor			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Crane Operator/ Lifting Equipment Operator			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Rigger			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Signalman			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Others (please state)	<input type="checkbox"/> Refer attachment		

5. CHECKLIST

Description	Acceptable		Comments
	Yes	No	
Crane operator's checks complete			
Lifting Supervisor's checks complete			
Crane set up on firm ground			
The outriggers evenly extended			
Crane safe distance from other materials or equipment			
Check for overhead dangers			
Warning signs and cones positioned			
Traffic signalman in position			
The operator can see the loading point for the load from his position			
What are the means of communication between the lifting crew?	<input type="checkbox"/> Standard hand signals <input type="checkbox"/> Radio	<input type="checkbox"/> Others: _____	

6. ATTACHMENTS (for MPC Official)

3rd party certification for:			
<input type="checkbox"/> Lifting appliance	<input type="checkbox"/> Valid operator certificate	<input type="checkbox"/> Risk Assessment	
<input type="checkbox"/> Lifting accessories	<input type="checkbox"/> Valid rigger certificate	<input type="checkbox"/> Emergency Response Plan	
<input type="checkbox"/> Lifted equipment	<input type="checkbox"/> Valid signalman certificate	<input type="checkbox"/> Manifest	

7. LIFTING PLAN Refer attachment**8. SKETCH OF THE ZONE OF OPERATION** Refer attachment**9. DECLARATION**

I hereby declare that the details furnished above are true and correct to the best of my knowledge and I bear the responsibilities for the correctness of the above mentioned particulars. I undertake to inform you of any changes therein, immediately.

Applicant Signature

Date:

Company Stamp

Date:

Approved by:

Signature & Company Stamp

Date: