GC16 Site crane permit to lift (Part 1)

Company name		**Project title**	
Location		**Contract no.**	
Task/method statement no. *(if applicable)*			
Appointed person (lift planner)			
Employed by			
Date of visit		**Time of visit**	
Choose type of lift *(tick one lift only)*			
Standard lift		Contract lift		Complex lift	
Choose position *(tick one option below)*			
Single crane position *(complete Part 1 only)*		Multiple crane positions *(complete Parts 1 and 2)*	
Description of works			
Load details			
Maximum weight		**Maximum size of load**	
Maximum radius		**Maximum lift height**	
Other *(e.g. unusual centre of gravity, lifting points, etc.)*			
Crane details			
Capacity and type			
Maximum available boom length		**Maximum boom length to be used for lift**	
Counterweight required		**Hook block reeving** *(no. of falls)*	
Outrigger spread *(centre to centre)*	**m x**	**m**	**Outrigger pad size** *(without mats)*	
Maximum outrigger load			
Site surface conditions			
Access for crane		**Access for transport**	
Lifting position		**Laydown area**	
Safe ground bearing capacity under outrigger		**Assessed by**	
Proximity hazards: provide details and attach sketch *(overhead lines, public roads, drains, ground conditions, etc.)*. A temporary works design for the lifting platform must be in place and signed off prior to setting up/commencing lifting operations. *(Permit Part 2 shall be completed for all crane positions/repositions of the crane.)*			

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GC16 Site crane permit to lift (Part 1) *continued*

Crane accessories required *(state type and rated capacity (safe working load))*			
Wire ropes		**Chains**	
Web slings		**Shackles**	
Beams		**Outrigger mats** *(state size)*	
Others *(including specialist equipment)*			
Operational requirements *(such as road closures/possessions/site clearance)*			
Permit valid from		**to**	

Crane team

	Name	CPCS card		Signature	Date
		Number	Expires		
Appointed person (lift planner)					
Crane supervisor					
Crane operator					
Signaller/slinger					

Where contractors are required to complete this form, assistance shall be given by the site management authorised person who shall agree the details entered on the form and sign below.

Lifting operations must not commence until this form has been signed by the site management authorised person.

Name		**Position**		**Signature**		**Date**	

Distribution							
Site file		Appointed person (lift planner)		Crane supervisor		Crane operator	

If for any reason the details contained within this permit cannot be adhered to, the lifting operation must not continue and the appointed person (lift planner) must be notified immediately.

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