



PERMIT FOR LIFTING OF MATERIAL

Date of Work :	Initiator:	Permit No.:
Description of work:		
Name of person supervising:	Dept./Function:	
Names of workmen involved in the job :		
Exact Location of Work:		
JSA Reference No.		
Job Instruction & Confirmation Sheet Ref. No		
Valid From : Time Date: To Time: Date:		
Other relevant information: (If any)		
Initiated by Engineer / Supervisor of agency		Checked by Agency Safety Representative
Name	Name	
Signature	Signature	
Date	Date	
Check list for Authorization of Work Permit		
1	Details of type of crane(s) to be used?	
2	Name of Lift Co-ordinator, Rigger/Crane Operator?	
3	Adequate and suitable lifting gears available and in good condition	
4	Have soil, wind, atmospheric, and work area conditions (e.g. cold, hot , snow, poor lighting & Ventilation etc.) been considered throughout the job so that work can be done safely?	
5	Lifting Equipments, Lifting gears and Slings are tested and certified?	
6	Are all operators trained, competent and healthy (Having Licenses / Experience Certificate)?	
7	Are all the examinations and tests carried out on the equipment (Crane) and certified by competent persons?	
8	Is the safe working load (SWL) marked on all lifting tools & tackles?	
9	Lifting area cordoned off?	
10	Tag lines provided to control the swing of load?	
11	Load tied properly and secured against toppling and falling?	
12	Signalman/Rigger is provided and competent?	
13	Proper communication available between operator and rigger?	
14	Is the vehicle for transportation adequate for the load?	



Following additional precautions need to be taken before the start of the work:

Permit Issue b By:

Approved by Principal agency work incharge	Endorsed by main agency HSE Dept
Name	Name
Signature	Signature
Date	Date

Permit Close Out by: Name & Signature (Main agency)

Date : _____ **Time :** _____

Note: All extra information on preparation and precautions to be provided on the reverse side of this PTW.