

DELCO LIFT PERMIT

Subcontractor:	DELCO Safety Name:
Superintendent Name:	Radio Channel:

Project _____ Date _____ Time _____

Person Overseeing Lift: _____ Sign _____ Date: _____

Certified Rigger: _____ Sign _____ Date: _____

Crane Operator: _____ Sign _____ Date: _____

Note: I understand the precaution to be taken as described above and as per Project requirement & here by confirm that Work will be executed under my supervision by following all precaution & Safety Rules

Description of work:

Work Execution Date: _____ **Time:** _____ **Valid From:** _____ **To:** _____

Note: The following precautions are to be taken.

No	Item	Yes	No/Not Required
1.	Crane used for lifting activity tested, certified and approved for rated lifting works.		
2.	All lifting tackles, gears/ appliances are tested and certified for lifting works.		
3.	Crane operator is trained and competent for lifting operation.		
4.	Lifting belt protected against sharp edge of jobs to be lifted.		
5.	Access and exist marked and without obstruction.		
6.	Lighting arrangement adequate.		
7.	Unwanted and rubbish material removed from working platform.		
8.	Minimum 1 Tag Line has been provided for balancing & guiding jobs to be lifted.		
9.	Area around crane booms as well as lifting area is barricaded and Unauthorized/ No entry sign board posted.		
10.	Rigger and signal man is trained and competent for lifting work.		
11.	No lifting activity to be carried during lightening, heavy wind /rain.		
12.	If scaffolding to be used during lift , Scaffolding with valid tag available for use		
13.	Ensured that all lifting equipment has been inspected.		
14.	Ensured adequate distance from power lines or other electrical hazards.		

DELCO Safety Representative: _____ **Sign** _____ **Date:** _____

Permit Completion: I hereby declare that the work is completed/ suspended, all workers under my control have been withdrawn and the site restored to a safe condition.

Superintendent

Overseeing Lift: _____ **Sign** _____ **Date:** _____

