

LIFTING PERMIT

This permit is required for all mobile crane operations and all non-routine lifts.

SITE: _____ LOCATION: _____ DATE: _____

Description:

Is this item a JPL Critical Item? Yes ☐ No ☐

If yes, contact Systems Safety.

CHECK EACH BOX AND COMPLETE QUESTIONS BY FILLING IN BLANKS.

☐ Weight of item to be lifted: _____ ☐ Name(s) of licensed/trained operator(s): (print)

☐ Verification that the daily prelift inspection completed prior to lift.

☐ Type of lifting device: (i.e., mobile crane, overhead hoist) _____

☐ Date of annual load test: _____

☐ Rated capacity of crane or hoist: _____

☐ Rigging equipment:

☐ Name(s) of licensed/trained rigger(s):

☐ Responsible Supervisor, or Coordinator: (print)

☐ If an outside contractor is utilized with a mobile crane, attach last annual and quadrennial inspection.

Slings:

| Type | Size | Capacity | Date of last load test |
|------|------|----------|------------------------|
| | | | |

Note: Prior to lift, obtain a copy of crane operators' pre-operation inspection.

Shackles:

| Type | Size | Capacity |
|------|------|----------|
| | | |

☐ Attach lifting procedure with sketch or drawing of anticipated means of rigging, including angles and lengths of slings, dimensions of load, and identify all attachment points.

Submitted by: JPL or (Company Name)

Print Name

Sign

Approved:

Lifting Devices Equipment Manager, or Alternate

Date