

LIFTING PERMIT

KL SHUPLWHTXLUH GIRUD OOPRELOHFUDQHRSHUDWRQDQGD OORQRURXWQHOLI W

HFULSWRQ

,WLVMPD-BLWFDQ, WPHV
,IHFQRDFWPHIHW

R

CHECK EACH BOX AND COMPLETE QUESTIONS BY FILLING IN BLANKS.

:HLKRLWPREHOLI W _____ DPHRIOLFHQMGWDLQHGRSHUDRUSULQW

BULILFDWRQDWHGDLOSUHOLI WQHSHFWRQ _____
FRPSOHWGSULRUROLI W _____

SHRIOLI WQHYL FHLHPRELOHFUDQH _____ DPHRIOLFHQMGWDLQH GULHIUV
RYHUKHDGKRLW _____

DWRIDQQXDOORDGWW _____

DWGFDSDFLW FUDQHRUKRLW _____ BSRQVEOHKSHUYLRURURUGLQDRUSULQW

BLQH TXLSPHQW _____ ,IDQRXWGHFRQDFWULXWHGZWDPRELOHFUDQH
DWFKODWQXQDODQGTXDGUHQQLDOLQSHFWRQ

GLQV

SH BH BSDFLVWRIODW _____
ORDGWW

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

KDFNOHV

WFKOLI WQSURFHGXUHZWMMFKRUGUDZQRIDQWFLSDY G
PHDQRILULIQIQFOXGLQDQDQDQGOHQWRIDQV
GLPHQVRQRIRDGDQGLGHQWDOODWFKPHQBRRLQW

SH BH BSDFLW _____

KEPLWGEWRURPSDQDPH

BLQDPHEQ

Approved

Lifting Devices Equipment Manager, or Alternate

Date