

Crane Operation Work Permit Request

Permit No.

Date

Work Location

Requested By

Department

Contact No.

Crane & Operation Details

Crane Type

Crane Capacity

Crane Operator

Operation Date

Operation Time

Object to be Lifted

Weight of Load

Lift Radius (m)

Lifting Plan Available?

Safety Precautions

Risk Assessment Conducted?

All Required Permits Checked?

Spotter Assigned?

Remarks / Special Instructions

Approvals

Requested By (Signature/Name)

Supervisor (Signature/Name)

Safety Officer (Signature/Name)