

Lifting Operations Method Statement Approval Form

Project Information

Project Title:

Project Number:

Location:

Date:

Method Statement Details

Title of Method Statement:

Reference Number:

Revision:

Description of Lifting Operation:

Lifting Team

Role	Name	Contact
Appointed Person		
Crane Supervisor		
Slinger/Signaller		
Crane Operator		
Other		

Equipment Details

Type of Lifting Equipment:

SWL (Safe Working Load):

Inspection Date:

Identification Number:

Risk Assessment Reference

Permit Number (if applicable)

Approval

Name	Position	Signature	Date