

MOBILE CRANE PERMIT

MOBILE CRANE PERMIT (Complete both pages)

NOTE: MINIMUM 24 HOURS REQUIRED FOR ENGINEERING ASSESSMENT/APPROVAL

Port:	Company Name:
Location:	Contact Name:
Crane Registration No.	Contact Phone:

Task Description:

NO WORK OUTSIDE THIS SCOPE MAY BE PERFORMED UNDER THIS PERMIT

EXPECTED WORK TIMING	Start Time:	Date:
	Finish Time:	Date:

By submitting this Permit, I acknowledge and understand fully the conditions and precautions required (incl. standard conditions below).

Permit Requestor:	Date:	Signature:
Company Name:		Contact Phone:
Address:		

REQUEST AND APPROVAL SIGNATURES

Approval - Ports North Engineer:	Signature:
Approval - Ports North Operations:	Signature:

Detail additional safety precautions to be observed:

Detail specific setup details if required:

Is the work to be carried out in leased area?		Is Ports North Supervisor sign off required?	
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Ports North Supervisor contacted and works permitted to commence.

Ports North Supervisor:	Time:	Date:	Signature:
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WORK COMPLETED

All work associated with this permit is complete as per the permit and safe and no further work is permitted.

Permit Holder:	Time:	Date:	Signature:
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Ports North Supervisor contacted and acknowledges work is complete.

Ports North Supervisor:	Time:	Date:	Signature:
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Standard Conditions

IT IS THE RESPONSIBILITY OF THE APPLICANT TO ENSURE THE FOLLOWING:

1. The crane operator and relevant workers shall have the applicable High Risk Work license
2. The crane is set up as per approval including specific positioning if required
3. All personnel involved in the lift (including relief drivers) are briefed on the conditions set out in the lift approval documents
4. The crane is operated within the radius range stated on the original application
5. The weight of the lift is not to exceed that specified in the original application
6. If any detail of the lift changes the operator is to notify Ports North so as further assessment can be undertaken prior to approval to proceed with the lift
7. All safety precautions and consideration be made on site for pedestrian and vehicular traffic while the crane is on site
8. All safety regulations relating to crane operations must be adhered to at all times
9. "Near Miss" and incidents MUST be reported to Ports North immediately
10. Any damage to Ports North assets during the crane operation will be the responsibility of the applicant
11. Note that the permit is not a substitute for a Lift Plan or Safe Work Method Statement for mobile crane work. The permit serves to notify Ports North of proposed mobile crane work to be carried out and of the expected loads on Ports North infrastructure.

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The following details shall be completed by the crane company and submitted to Ports North for assessment via email to seaport.operations@portsnorth.com.au

MOBILE CRANE LOADING DETAILS:

Crane Make:		Crane Model:				Crane Capacity:	
Maximum Lift:							
Lift Radius:							
Outrigger Spacing (x):							
Outrigger Spacing (y):							
Travelling Axle Loads:							
Axle	t						
		Outrigger Load (t)					
Jib Pos	F1	F2	F3	F4			
1							
2							
3							
4							
5							

OR

PICK & CARRY CRANE LOADING DETAILS:

Crane Make:		Crane Model:		Crane Capacity:	
Maximum Lift					
Jib Length (from front axle)					
Max. Front Axle Load					
Max. Rear Axle Load					
Axle Spacing (x)					

LOCATION DATA	Y/N		Y/N
Is there suitable safe access to the lift area?		Is the ground stable where the crane is to be set up?	
Is the crane to be set up on a wharf deck?		Are there other operations in the lift area?	
Is the crane to be set up adjacent to seawall?		Will lift area be barricaded to prevent pedestrian access?	

SKETCH OF PROPOSED SETUP LOCATION