

MOBILE CRANE PERMIT

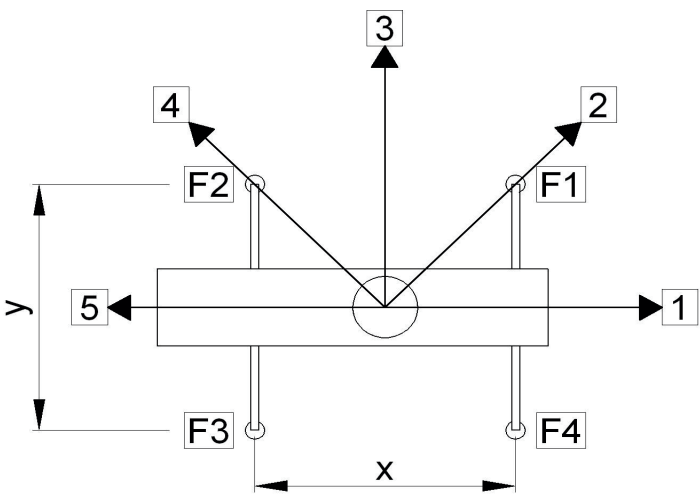
MOBILE CRANE PERMIT (Complete both pages)						
NOTE: MINIMUM 3 WORKING DAYS REQUIRED FOR ENGINEERING ASSESSMENT/APPROVAL						
Port:		Company Name:				
Location:		Contact Name:				
Crane Registration No.		Contact Phone:				
Crane Driver Name and Task Description :						
NO WORK OUTSIDE THIS SCOPE MAY BE PERFORMED UNDER THIS PERMIT						
EXPECTED WORK TIMING	Start Time:		Day:		Date:	
	Finish Time:		Day:		Date:	
REQUEST AND APPROVAL SIGNATURES						
Approved? YES	NO	Tasports Engineer:		Time:	Date:	Signature:
Approved? YES	NO	Tasports Operations:		Time:	Date:	Signature:
Detail additional safety precautions to be observed:						
Detail specific setup details if required:						
Is work to be carried out in leased area?		YES	NO	Is Tasports Supervisor sign off required?		YES NO
I acknowledge receipt of this permit and understand fully the conditions and precautions required (incl. standard conditions below)						
Permit Holder:		Time:		Date:		Signature:
If contractor - Company Name:						
Address:					Phone No.:	
Tasports Supervisor contacted and works permitted to commence.						
Tasports Supervisor:		Time:		Date:		Signature:
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:
Tasports supervisor contacted and acknowledges work is complete.						
Tasports Supervisor:		Time:		Date:		Signature:
Standard Conditions IT IS THE RESPONSIBILITY OF THE APPLICANT TO ENSURE THE FOLLOWING:- <ol style="list-style-type: none"> 1. The crane is set up as per approval including specific positioning if required 2. All personnel involved in the lift (including relief drivers) are briefed on the conditions set out in the lift approval documents 3. The crane is operated within the radius range stated on the original application 4. The weight of the lift is not to exceed that specified in the original application 5. If any detail of the lift changes the operator is to notify Tasports so as further assessment can be undertaken prior to approval to proceed with the lift 6. All safety precautions and consideration be made on site for pedestrian and vehicular traffic while the crane is on site 7. All safety regulations relating to crane operations must be adhered to at all times 8. "Near Miss" and incidents MUST be reported to Tasports immediately 9. Any damage to Tasports assets during the crane operation will be the responsibility of the applicant 						

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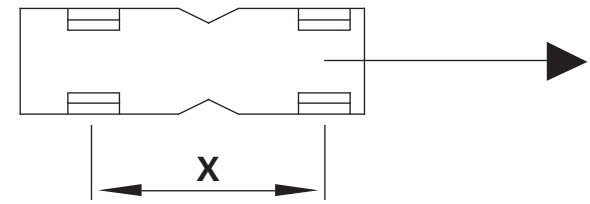
The following details shall be completed by the crane company and submitted to Tasports for assessment via email to cranepermit@tasports.com.au

NO WORK OUTSIDE THIS SCOPE MAY BE PERFORMED UNDER THIS PERMIT

Crane Make:		Crane Model:		Crane Capacity:				
Maximum Lift								
Lift Radius								
Outrigger Spacing (x)								
Outrigger Spacing (y)								
Travelling Axle Loads								
Axle	t					t	t	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