

SCIENCE & TECHNOLOGY FACILITIES COUNCIL

Permit to Work on or in the vicinity of, overhead travelling cranes, their rails or their conductors

Site/Building/Area.....Crane Registration No:.....

Nature of Work to be carried out:.....

.....

This permit is only valid when all sections are complete. If you are in doubt or don't understand, then please ask. *Please ensure that you sign this permit to work.* Do not proceed with your work until your permit has been authorised by the relevant member of staff.

I hereby declare that the above crane has been taken out of normal service/placed in restricted use and that it is safe to carry out the work specified below providing that the conditions detailed on this permit are complied with

HAZARDS TO BE AWARE OF AND PRECAUTIONS TO BE TAKEN

	Yes	No	N/A
Is motive power required during any stage of the work?			
The isolator key has been issued to:..... The Person Authorised to operate the crane controller is: The isolator has been locked off and the key is secured by:.....			
Are there any restrictions on the crane movements?			
If Yes give details and state the precautions adopted:			
Is a safe working platform to be provided?			
If Yes give details. In either case state the means of access and egress:			
If a scaffold tower is to be used then it must be inspected and registered by a competent person	Competent Person's Name: Signature of Competent Person: Date:		
If the crane is to be used as a working platform state the method of de-energising the hoist and cross travel circuits: State the limits of the Area in which it is safe to work:			
State any special hazards in the area (unconnected with the Permitted work)			
State any protective equipment which is to be worn			
Are any Hot Works involved, such as flame cutting, welding or brazing? If Yes then the person responsible for the work must raise a Hot Works Permit.			

Other precautions required:

PREPARATION COMPLETE. ACCEPTANCE AND AUTHORISATION

I have read and fully understand this Permit-to Work and the conditions under which the required work may be carried out. All persons under my control will be made aware of these conditions.

No work other than that specified will be attempted.

Person responsible for work: Signed:

Authorised Permit Issuer: Signed:

Date and Time: Time of Expiry:

SAMPLE

EXTENSION

I hereby certify that I have re-examined the situation covered by this **Permit** and authorise its extension to the Time and Date noted below

Permit extended to:		Signature of Authorised Permit issuer	Any additional precautions to be taken
Time	Date		

HAND BACK AND CANCELLATION PROCEDURES

I hereby declare that all the persons under my control have been withdrawn and informed individually that it is no longer safe to work on or in the vicinity of this crane, its rails or conductors and that all tools, gear and debris have been cleared from the area of work and the superstructure of the crane. Checks have been made to ensure that any newly installed services or structures are clear of the crane operations.

Person responsible for work:Date and Time:

I hereby declare that this Permit to Work is cancelled and that the crane has been restored to a fully operational condition and that it is now safe for normal use.

Authorised Permit Issuer:Date and Time: