



Personnel Hoisting Permit

Ensure this permit is completed and all requirements have been fulfilled before hoisting any personnel. The crew will complete a new permit each day of the project and anytime there is a change made to the hoisting system (new equipment, location).

Job Information					
Job Name:		Date:		Height of Work:	
Required design factor is achieved by taking the current safety factor of 3.5 (required under 1926.550(b)(2) and applying the 50 per cent derating of the crane capacity which is required by 1926.550(g)(3)(i)(F).					
Crane Company:		Rated Capacity:			
Platform Type:		Rated Capacity:			
Crane Annual inspection on site:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Boom Angle indicator :	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Hooks have positive locking safety latches?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the anti-two block operational?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
If no because of radiation frequency (RF) describe below how the crew will prevent two blocking from occurring:					
Guide/tag lines to be used?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
If no explain why:					
Pre Lift Meeting					
Has a pre-lift meeting been conducted?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Items discussed during the meeting?					
Proof/Load Test, Trial Lift, and Inspections					
Proof test conducted.				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Must 125% of platform's rated capacity. Suspended for 5 minutes.	Description of test object:				
	Weight of object:				
Results of Proof /Load Test:	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail			
Trial Lift performed:				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Results of the Trial Lift:	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail			
Inspections completed after proof test and trial lift:				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Rigging/Wire Rope (7-1 SF):	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail			
Personal Fall Protection:	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail			
Personnel Platform:	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail			
Radios:	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail			
Acceptable personnel hoisting conditions have been satisfied?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Title	Name		Signature		
Supervisor:					
Crane Operator:					
Employee being hoisted:					
Employee being hoisted:					
Employee being hoisted:					

POST AT CRANE OPERATOR'S STATION AFTER COMPLETION.