



Personnel Platform 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.