

PERMIT TO WORK - **LIFTING EQUIPMENT - LOLER** PERMIT No:

Persons undertaking this work must comply with all relevant Health & Safety Law and Company's Health & Safety Rules and have provided copies of current Public and Employees' Liability Insurance and a Method Statement on request. Only the work specified is to be carried out and your work area must be left in a safe and tidy condition at all times.

JOB DETAILS	LIST TOOLS /EQUIPMENT TO BE USED Faulty tools and equipment must not be brought onto site. LIST Personal Protective Equipment REQUIRED?
STATE LOCATION OF WORK Cite any known hazards at this location and ensure risks are reduced, in line with the assessment questions below:	WHO COULD BE AFFECTED BY THE WORK? Assess & reduce risk and confirm notification

This RISK ASSESSMENT is to be carried out immediately prior to the start of work as reasonably practicable
ALL QUESTIONS MUST BE ANSWERED BY DELETING THE ANSWER THAT DOES NOT APPLY

1	Are you qualified /trained to undertake this work?	YES	NO
2	Are weather conditions acceptable?	YES	NO
3	Do you have a certificate of competence to undertake this work?	YES	NO
4	Has the lifting equipment been thoroughly examined by a competent person to ensure it is safe to operate, and that it has adequate strength and stability from the proposed use?	YES	NO

IF 'YES' PROCEED TO Q5 IF 'NO' WORK CANNOT PROCEED

5	Has the type of load been fully assessed?	YES	NO
6	Has the risk of equipment falling or striking a person or object been assessed and made as low as is reasonably possible?	YES	NO
7	Has the risk of equipment falling over whilst in use been assessed and made as low as is reasonably possible?	YES	NO
8	Are subsequent periodic examinations in place to make sure it remains safe?	YES	NO
9	Are there suitable means of access to and egress from the lifting equipment, even in the event of malfunction?	YES	NO
10	Has the risk of Proximity Hazards been assessed and made as low as is reasonably practicable?	YES	NO

IF QUESTIONS 5 - 10 ARE ANSWERED 'NO' YOU MUST ENSURE THAT THIS IS PROPERLY CARRIED OUT

Number in Team: _____ IS IT SAFE TO WORK ALONE ON THIS JOB? YES / NO? (delete as appropriate)

IF IT IS NOT DECLARED SAFE TO WORK ALONE, YOU MUST NOT DO SO AT ANY TIME

PERSON IN CHARGE: "I confirm that I have verified the job detailed on this form and ensured that all necessary precautions have been taken. The work will be undertaken in a safe manner. All risks and precautionary measures have been explained to all workers involved. I accept responsibility for carrying out this work."

Print Name: _____ Position: _____ Signature: _____

Company: _____ Company Tel No: _____

PERSON AUTHORISING WORK: "This permit will be issued on the understanding that all agreed safe systems of work will be adhered to and that any risk or hazard shall be maintained at a level as low as reasonably practicable."

Print Name: _____ Position: _____ Signature: _____

VALIDITY PERIOD

Time	Date	Time	Date
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PERMIT VALID FROM:

PERMIT VALID TO:

PERSON IN CHARGE: "I confirm that the work is **COMPLETED /INCOMPLETE** "(delete as appropriate)
 "I have checked the work and confirm the work area is left in a safe and tidy condition."

Print Name: _____ Position: _____ Signature: _____

PERSON AUTHORISING WORK: "I have inspected the work. I confirm that it is **COMPLETED /INCOMPLETE** "(delete as appropriate)
 "The work area is left in a safe and tidy condition."

Permit Cancelled At: _____ (Time) ON: _____ (Date) BY: _____

Print Name: _____ Position: _____ Signature: _____

HANDBACK AND CANCELLATION OF PERMIT, CONFIRM ALL SERVICES HAVE BEEN RESTORED? ☐