


To call in case of emergency:  **760-476-2202**

# Critical Lifts WORK PERMIT



Local regulatory requirements will govern if more stringent than those spelled out in this permit. The work governed by this permit must stop if the permit conditions are no longer met. This permit is only valid when all appropriate sections are completed and signed by the appropriate individuals up to and including Hand over (Section 4).

## Section 1 General Information

This permit is linked to:

- General Work Permit **No. :** .....
- An SOP or other written work instruction **Reference. :** .....
- Or Local Regulatory number **No. :** .....

Work Order or/ and Equipment Specific Procedure number: (if applicable).....

Permit Critical Lift Requested by: ..... On: (date) .....

Permit Critical Lift valid from: (date & time) ..... To: (date & time; max. 6 months) .....

Plant/ department/ area/ installation/ equipment: .....

Work description: (if the lifting activities are the use of crane in the same position, making the evaluation on the MOST critical load or worst case scenario to be lifted for one or more days, as long as the boundary conditions are not changed)

Provide attached document/photo to explain the work description (if required), doc. number: .....

## Section 2 (A-B-C...) Scope of Work – Potential Hazards & Mitigations

### Section 2A Safety Precaution

- Stop work if any unexpected conditions are encountered
- Minimum Personal Protective Equipment (PPE) shall be required as per risk assessment/Job Safety Analysis/General Work Permit, e.g., safety shoes, helmet

### Section 2B LOAD

Total weight ..... lbs./kg.

Attach source of load weight information (drawings, calculations, etc.) .....

### Section 2C RIGGING

Sling assembly rated capacity ..... lbs./kg. Sling(s) last inspection date(s) .....

Shackle rated capacity ..... lbs./kg.

Shackle secured to load by name..... Signature :..... Date/Time : .....

### Section 2D CRANE PLACEMENT

1. Any deviation from smooth solid foundation?  Yes (Please attach corrective methods)  No .....
2. High voltage or electrical hazards?  Yes (Please attach LOTO processes)  No .....
3. Obstacles/obstructions to lift or swing?  Yes (Please attach diagram)  No .....
4. Travel? .....  Yes (Please attach diagram)  No .....
5. Swing direction? .....  Yes (Please attach diagram)  No .....

### Section 2E CRANE Anti-two-block device on crane? Yes No

1. Type of Crane .....
2. Maximum crane capacity ..... lbs./kg./Ton
3. Radius at pick-up ...../set down .....ft./m.
4. Crane capacity at radius:
  - over rear ..... lbs./kg.
  - over side ..... lbs./kg.
  - over front..... lbs./kg.
5. Boom angle at pick-up ..... /set-down.....
6. Max rated capacity of crane at this radius and boom angle for this lift is ..... lbs./kg.
7. Max load on crane is ..... lbs./Kg

8. Lift is ..... % of crane's rated capacity.

**Section 2F CONSIDERATIONS**

- 1. If lift is 75% or more of crane's capacity, are additional special instructions, restrictions, diagrams for crane, rigging, lift, etc. attached?     Yes                       No
- 2. Multiple crane lifts require a separate plan for each crane.
- 3. Any changes in the crane configuration, placement, rigging, lifting scheme, or calculations require that a new Critical Lift Permit be developed.

**Section 2G ACCESS TO THE WORK AREA BY UNAUTHORIZED PERSONS PREVENTED BY:**

- Signs/Tags                       Barricades                       Attendants

**Section 2H CROSS REFERENCE ANY OTHER POTENTIAL "LIVE" PTW IN THE AREA (CHECK ALL APPLIED) :**

- NONE
- Permit Required Confined Space                       Line Breaking                       Lock Out/Tag Out                       Work at Heights
- Fire System Impairment                       Excavations                       Contractor Safety                       Hot Work
- Live Electrical Works                       Interlock Bypassing                       Others.....

**Section 2I PRE-LIFT CHECKLIST – COMPLETED PRIOR TO LIFT**

- |  |   |   |   |   |
|--|---|---|---|---|
| <input type="checkbox"/> 1. Crane inspected    | <input type="checkbox"/> 6. Spreaderbar inspected | <input type="checkbox"/> 11. Crane rated capacity             | <input type="checkbox"/> 15. Signal system  | <input type="checkbox"/> 20. Tailboard    |
| <input type="checkbox"/> 2. Rigging inspected  | <input type="checkbox"/> 7. Crane set-up          | <input type="checkbox"/> 12. Load test                        | <input type="checkbox"/> 16. Tag lines      | <input type="checkbox"/> 21. Site control |
| <input type="checkbox"/> 3. Sling inspected    | <input type="checkbox"/> 8. Swing room            | <input type="checkbox"/> 13. Operator-<br>Certified/Qualified | <input type="checkbox"/> 17. Wind/temp      | <input type="checkbox"/> 22. Signatures   |
| <input type="checkbox"/> 4. Strap inspected    | <input type="checkbox"/> 9. Hoist heights         | <input type="checkbox"/> 14. Rigger qualified                 | <input type="checkbox"/> 18. Safety spotter | <input type="checkbox"/> 23. grounding    |
| <input type="checkbox"/> 5. Shackles inspected | <input type="checkbox"/> 10. Head room            |   | <input type="checkbox"/> 19. Traffic        | <input type="checkbox"/> 24. PPE          |

**Section 2J ADDITIONAL REQUIREMENTS :**

The permit requester may provide additional work permit requirements, to comply with local regulations/standard

**Section 3 Authorization and Acceptance**

**PTW Supervisor/Subject Matter Expert (SME)**

I give authorization for the described work to proceed as per the conditions of this permit and I am satisfied that all the hazards associated with this permit to work are controlled.

Name & Company:                      Phone:                      Signature:                      Date:

.....

Additional requirements:

JSA or  Safe-Plan-of-Action or  Work Instruction mandatory for activity(s) : .....

.....

**Person in Charge**

I confirm that Person(s) Carrying Out the Work have the appropriate skills, knowledge, information, tools and equipment to perform the work safely. I further confirm that I have explained the permit conditions and control measures with the Person(s) Carrying Out the Work and have ensured these person(s) have received site orientation and general emergency procedures. It is safe to perform the work as defined above.

Name & Company:                      Phone:                      Signature:                      Date & Time:

.....

**Person Carrying Out The Work: Crane Operator, Signal Person, Rigger Person**

I acknowledge that the permit conditions have been explained to me and by virtue of my signature I commit to adherence of the permit conditions. Each person working on the job must sign.

Persons Carrying Out The Work have signed on the documented risk control procedure (Safe Plan of Action) (check if applicable)

Name & Company:	Phone:	Signature:	Date & Time:
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

**Section 4 Hand Over (Start of Work)**

**Area owner**  
I have reviewed the plan(s) to complete the described work and I am satisfied that all isolations are completed and the hazards associated with this work are or will be controlled. I have checked the area(s)/system(s) where the work will be performed and I have not observed issues which should prevent the work from proceeding. I give authorization for the described work to proceed as per the conditions of this permit.

- Are the Utility System owners informed?  Yes  NA
- Are the Area Owners of possible affected area(s) informed?  Yes  NA
- I have informed all affected Employees  Yes  NA

Name & Company:	Phone:	Signature:	Date & Time:
.....	.....	.....	.....

**Section 5 Hand Back (End of Work)**

**Person in Charge**  
All activities associated with this permit to work have been completed, all isolations are removed and the area has been left in a safe, clean and tidy condition.  
Comment/Feedback/Observed Behaviors : .....

Name & Company:	Signature:	Date & Time:
.....	.....	.....

**Area owner**  
I have verified, through in place inspection, that the activities associated with this permit have been completed and that the area has been left in a safe, clean and tidy condition.

Name & Company:	Signature:	Date & Time:
.....	.....	.....

**Section 6 Extension of Validity**

I have verified that General Work Permit No. .... still applies, also when extension of validity of this (name) permit is given.

Permit extension until (Date & time)	PTW Supervisor/SME or designee		Area/ System owner		Person in Charge	
	Name:	Signature:	Name:	Signature:	Name:	Signature:
.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....
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.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....

**Nothing in this Permit shall cause the Owner (Viasat Inc.) to assume responsibility for any of the legal obligations of the Contractor performing the work under applicable laws or the requirements of the Agreement governing the work.**

**THIS WORK PERMIT MUST BE POSTED IN THE WORK AREA. UPON JOB COMPLETION THIS SIGNED PERMIT MUST BE MAINTAINED FOR 24 MONTHS**