

WEYMOUTH HARBOUR – LIFTING OPERATIONS PERMIT

Job Information:

Location:	Vessel Name (if applicable):
Description of work to be undertaken:	

Contractor Information:

Name:	Company:
Address:	Email:
Telephone:	Mobile:

Note: None of the above works are to be started without notifying the Harbour Office

1. Are the weather conditions acceptable for the planned operations?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Does the equipment being used have the capacity for maximum weight to be lifted?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Does the equipment being used have the capacity for the maximum radius of the lift?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Does the equipment being used have the capacity for the maximum height of lift?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Are the operators qualified/experienced for the work being undertaken?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. Is the ground bearing capacity sufficient for the operation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7. Are there any restrictions on access to the site?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8. Have all proximity hazards been identified, please provide a sketch with all identified hazards.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9. Is there a designated Area Supervisor?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
10. Is the area to be barricaded to protect members of the public/	Yes <input type="checkbox"/>	No <input type="checkbox"/>

11. Adequate insurance cover in place for the work being undertaken?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
12. Risk assessments completed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Details of any site specific risks, special conditions, or precautions needed:

Work commences when?	Date	Time
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Works finishes when?	Date	Time
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I have personally examined the above precautions and am satisfied that all necessary safety arrangements have been taken and will be maintained for the duration of the work.

I will immediately report to Weymouth Harbour any incident accident or dangerous occurrence.

I will inform Weymouth harbour when works are complete.

Name:	Signature:	Date:
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To be completed by Weymouth Harbour

Permission Granted: <input type="checkbox"/>	Signature:	Date:
Permission Refused: <input type="checkbox"/>		

We are committed to protecting your personal data; our Privacy Notice can be found on our [website](#) or please ask for a copy.

**Harbour Masters Office, 13 Custom House Quay, Weymouth. Dorset DT4 8BG
Email: weymouthharbour@dorsetcouncil.gov.uk**