

## PERMIT TO CARRY OUT CRANE OPERATIONS – CRANAGE

**Please complete in block capitals, clearly and legibly**

Or Click **'Tools'** then click **'Fill and Sign'** – to complete electronically.

PERMIT NUMBER:

DATE:	
START TIME :	FINISH TIME:
SHIP NAME:	
BERTH:	
SHIP CONTACT DETAILS:	
DETAILS OF OUTSIDE CONTRACTOR :	
SHORT DESCRIPTION OF WORK:	

This permit is subject to the following requirements:

- 1 Work must be performed in strict accordance with the latest edition of applicable codes, standards and regulations
- 2 Valid Insurance must be provided to the Harbours Master in advance of the Cranage Operation
- 3 RAMS – Risk Assessment and Method Statement Available – Site Specific to DL Harbour
- 4 Port Office or Harbour Master to be notified on commencement and completion of work

I declare that the aforementioned requirements have been satisfied. Precautions have been taken and that safety arrangements will be maintained for the duration of the work, and will not operate outside the stated area and times

Signed (on behalf of Vessel):

Title:

Date:

Issued by:

Title:

Date:

**EMERGENCY 112 / 999. Harbour Police + 353 83 144 3412**