


A Safe Work Permit must be issued prior authorization of hoisting personnel

Safe Work Permit No.					
Has the area owner or Cenovus representative been informed <input type="checkbox"/> Yes <input type="checkbox"/> No					
No additional work is allowed except that is shown on this authorization.					
Worksite				Date of lift: YYYY-MM-DD	
				Time: 00:00 <input type="checkbox"/> AM <input type="checkbox"/> PM	
Location of lift					
Description of work					
Operating: Indoors <input type="checkbox"/> Yes <input type="checkbox"/> No Outdoors <input type="checkbox"/> Yes <input type="checkbox"/> No					
Wind velocity				Wind direction	
Will hoist location change during this operation? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If YES, provide details:					
Are there fire or explosive hazards in the vicinity? <input type="checkbox"/> Yes <input type="checkbox"/> No				Verify permitting is in place <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there electrical hazards in vicinity? <input type="checkbox"/> Yes <input type="checkbox"/> No					

A. HOIST INFORMATION

Lift unit number:	Type:
Number of persons to be hoisted:	Weight capacity:

B. LIFT

Could other methods be used to do this work? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, describe methods and state reasons for using a hoist over other methods:					
<input type="checkbox"/> Operators/users training has been verified					
<input type="checkbox"/> Hand signals checked between operator/user/spotters					
Hoist operator has checked the following:					
<input type="checkbox"/> Hoist cables	Type				
	Condition				
<input type="checkbox"/> Hoist brake	Condition				
Personnel hoisted by: <input type="checkbox"/> Man basket <input type="checkbox"/> Swing stage <input type="checkbox"/> Bosun chair State condition:					
<input type="checkbox"/> Cable blocks					
<input type="checkbox"/> Personnel hoisting tugger (if being used)					
<input type="checkbox"/> Personal safety equipment checked					
<input type="checkbox"/> Tag line	<input type="checkbox"/> Attached				
	<input type="checkbox"/> Not attached		Explain why not		
<input type="checkbox"/> Latch - Positive Pin <input type="checkbox"/> Latch - Mousing					
<input type="checkbox"/> Completed trial lift					
<input type="checkbox"/> All locations of work can be reached within 50% of crane rated load capacity					

C. AGREEMENT
I have checked all permitting and the job. I understand the nature and job scope, hazards and precautions needed to complete the work.

	Name (print)	Signature	Telephone/radio	Date (YYYY-MM-DD)	Time (00:00)
Lift Supervisor					
Hoist Operator					
Rigger					
Functional Supervisor					