

AUTHORISATION TO PERFORM WORK FROM A WORKBOX

**FILE NO.
WHS/6408**

Description of Work:	Date:
Description of work to be performed:	

Requirements	
The following items are generally in accordance with (but are not a comprehensive list of requirements in): Mobile Crane Code of Practice 2006: 14.6 – 14.6.3 Work Boxes AS 2550.1-2002 Cranes Hoists & Winches: General Requirements 6.18 Suspension of Persons by Crane	
A. Workbox Requirements	
<ul style="list-style-type: none"> ▪ Fitted with a matching set of four legged slings permanently attached to the Workbox <input type="checkbox"/> Yes ▪ Provided with suitable anchorage for harnesses <input type="checkbox"/> Yes ▪ Is the SWL, tare mass & design registration No. clearly displayed on the Workbox <input type="checkbox"/> Yes ▪ Will all personnel in the Workbox wear a full body fall arrest harness at all times <input type="checkbox"/> Yes ▪ Does the Workbox have a current Bullivants inspection tag in place <input type="checkbox"/> Yes 	
B. Mobile Crane Requirements	
<ul style="list-style-type: none"> ▪ Is the Crane equipped with a functional Angle Indicator / Radius Indication <input type="checkbox"/> Yes ▪ Is the Crane equipped with a Anti 2 Block Device <input type="checkbox"/> Yes ▪ Is the Cranes location and set up such that the operation can be carried out safely <input type="checkbox"/> Yes 	
C. Forklift Workplatform Requirements	
<ul style="list-style-type: none"> ▪ Has the workbox been secured to the Forklift correctly <input type="checkbox"/> Yes ▪ Provided with suitable anchorage for harnesses <input type="checkbox"/> Yes ▪ Will all personnel in the Workplatform wear a full body fall arrest harness at all times <input type="checkbox"/> Yes ▪ Is the warning notice in place that displays safety information <input type="checkbox"/> Yes ▪ Is the inward opening gate & latch mechanism operational <input type="checkbox"/> Yes ▪ Does the Workplatform have a current Bullivants inspection tag <input type="checkbox"/> Yes 	
D. Operational Aspects	
<ul style="list-style-type: none"> ▪ Is the Crane Operator certified as per Sch5 Part 3 of the WHS Reg <input type="checkbox"/> Yes <input type="checkbox"/> No ▪ Is the Crane Operator certified as per Sch5 Part 4 of the WHS Reg <input type="checkbox"/> Yes <input type="checkbox"/> No ▪ Is the Dogger directing operations certified Sch 5 Part 2 of the WHS Reg <input type="checkbox"/> Yes <input type="checkbox"/> No ▪ Does the Crane operator understand the method of operation <input type="checkbox"/> Yes <input type="checkbox"/> No ▪ Does the Forklift Operator understand the method of operation <input type="checkbox"/> Yes <input type="checkbox"/> No ▪ Has a JSEA or HSE Star Card been completed <input type="checkbox"/> Yes <input type="checkbox"/> No ▪ Can the operation be completed safely as per JSEA / HSE Star Card Controls <input type="checkbox"/> Yes ▪ Is the crane fitted with an operational safety latch on the hook <input type="checkbox"/> Yes ▪ Will overhead Electrical Power Lines impact on the operation (Refer Code of Practise Working Near Exposed Live Parts Appendix B : Exclusion Zone Clearances) <input type="checkbox"/> Yes <input type="checkbox"/> No 	

Details of Lifting Equipment			
105 Tonne Bridge Crane <input type="checkbox"/>	50 Tonne Tadano <input type="checkbox"/>	15 Tonne Franna <input type="checkbox"/>	Forklift <input type="checkbox"/>

Working Party Details	
Name of Operator:	Signature
Name of dogger:	Signature
Name of personnel:	Signature
Name of personnel:	Signature

Method of communication	
Method of communication (between dogger and operator) Radio <input type="checkbox"/> Hand Signal <input type="checkbox"/> Verbal <input type="checkbox"/> Whistle <input type="checkbox"/>	

Notes: This Authorization must be keep at the Crane while work is being performed.
The Operator, Dogger must check the Workbox and attachments prior to use each day

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