



Application to Work Whilst Suspended From a Crane

ACT Scaffolding and Lifts Regulation 1950
Section 127 subsection (166)



Scope: This form may be used where permission is being sought to use a workbox in circumstances where access is not available by normal means, for regular maintenance purposes of tower cranes or, the use of an emergency retrieval box for the duration of a project and should be displayed and/or produced on demand by a WorkCover Inspector.

Working whilst suspended from a crane is subject to the ORS WorkCover *Standard Conditions For Work Whilst Suspended From A Crane* and any additional conditions deemed necessary by the Chief Executive noted on the *Approval To Work Whilst Suspended From a Crane*.

Note: This application must be submitted BY THE OWNER OR PERSON IN CHARGE OF THE CRANE to the Chief Executive 48 hours prior to the intended time of working whilst suspended from a crane.

Approval is not automatic and must not be anticipated until the applicant has received approval in writing from the Chief Executive (or delegate).

Project Name and Address

Name:

Site Address:

Name of Site Contact:

Phone:

Fax:

Mobile:

Name of Contractor Carrying out The Work

Name:

Address:

Phone:

Fax:

Mobile:

Date of Work

Time of Work

From ____ / ____ / ____ to ____ / ____ / ____

Detailed description of purpose for working suspended from a crane

Describe why other means of access cannot be employed (scaffold, EWP etc)

Risk Assessments and Work Method Statements Must Be Completed and Attached to Application

Risk Assessment Attached: Yes / No

Work Method Statement Attached: Yes / No

Please provide details of the Crane Workbox

The following items are generally in accordance with (but are not a comprehensive list of requirements in) the ORS WorkCover *Standard Guidelines for Work Whilst Suspended from a Crane*.

a) Marked on the side in a prominent position with:

- (1) The tare of the box Kg
- (2) The maximum permitted number of occupants (three including Dogger).....
- (3) The maximum mass of Kilograms that can be carried, and..... Kg
- (4) A manufacturer/Designer reference (eg Serial No.).....

b) Fitted with a matching set of four legged slings permanently attached to the workbox..... Yes / No

c) Provided with suitable anchorage for safety harnesses..... Yes / No

d) Is the workbox designed and constructed to Australian Standard AS 1418 Part 17 - *Design and Construction of Workboxes*..... Yes / No

Details of crane to be used

Make:	Model:
Serial N°:	Max Lift Capacity:
Lift Capacity at work location:	
List Attachment/s: (fly jib, manual ext):	
Name of Driver:	Certificate N°:
Name of Dogger:	Certificate N°:
Name of Dogger:	Certificate N°:

Name of person/s to ride box/load (Maximum of 3 at one time)

Name of Rigger:	Certificate N°:
Name of Rigger:	Certificate N°:
Name of other person:	Name of Employer:
Name of other person:	Name of Employer:

Proposed Method Of Communication (between Dogger and Crane driver)

Please submit form to ORS WorkCover:

3rd Floor, Callam Offices, Easty St.
WODEN, ACT 2601

G.P.O. Box 158
Canberra ACT 2601

Fax: (02) 6205 0336

For any further details on this matter please contact ORS WorkCover

Telephone: (02) 6205 0200.

E-mail: workcover@act.gov.au