**AUTHORISATION PERMIT FOR CRANES AND OTHER TALL CONSTRUCTION EQUIPMENT**

**SECTION 1: TO BE COMPLETED BY APPLICANT**

|  |  |  |  |
| --- | --- | --- | --- |
| **CRANE DETAILS** | | | |
| Crane / Equipment Registration Number | | Click or tap here to enter text. | |
| Hire Company | | Click or tap here to enter text. | |
| Type of Crane or Equipment (e.g. mobile/fixed/tower) | | Click or tap here to enter text. | |
| Maximum Operational Working Height of Jib Above Ground Level (m) | | Click or tap here to enter text. | |
| Radius of Operation | | Click or tap here to enter text. | |
| Location of Crane or Equipment (latitude and longitude) | | Click or tap here to enter text. | |
| Elevation of Site (Above Ordnance Datum, i.e. mean sea level) | | Click or tap here to enter text. | |
| Full Site Address (including postcode) | | Click or tap here to enter text. | |
| Crane Operator/Lifting Supervisor Contact Name | | Click or tap here to enter text. | |
| Crane Operator/Lifting Supervisor Contact Phone Number | | Click or tap here to enter text. | |
| Date(s) of Operation (inclusive) | | Click or tap here to enter text. | |
| Schedule (i.e. Mon-Fri only / 7 day working) | | Click or tap here to enter text. | |
| Times of Operation (inclusive) | | Click or tap here to enter text. | |
| *I certify that the information given is accurate and will immediately inform Bristol Airside Operations of any changes to the above information. I understand that if any part of the construction equipment infringes the airport’s Obstacle Limitation Surfaces (OLS) that there may be a requirement for an impact study and mitigation report, for which any costs will be paid by the applicant..* | | | |
| Applicant’s Name | Click or tap here to enter text. | Contact Phone Number | Click or tap here to enter text. |
| Email Address | Click or tap here to enter text. | Company | Click or tap here to enter text. |

**Email completed form to:** [**opsteam@bristolairport.com**](mailto:opsteam@bristolairport.com)

Bristol Airport will endeavour to assess all applications as soon as possible, however it is recommended that applicants apply at least two weeks prior to the planned start date, to allow for any procedures for restrictions to be agreed with stakeholders. The minimum time period for processing crane applications is five working days. This Permit is only valid once Section 2 has been completed and signed by Bristol Airport Airside Operations. Any questions regarding the operations of cranes/tall equipment on or close to Bristol Airport, and the completion of this form should be addressed to Bristol Airside Operations on 01275 473704.

**We are committed to looking after your personal data, which we need to collect as part of this application.** When we collect personal data, we are obliged to provide you with certain information and this is called the “Right to be Informed”, which is set out in a specific Privacy Notice. The Privacy Notice explains that we will only share your data with those who have a right to see it, for the purposes of safely completing the works for which you are applying. It also who we need to share your personal data with, and why. Please contact [opsteam@bristolairport.com](mailto:opsteam@bristolairport.com) for a full copy of the Privacy Notice.

**SECTION 2: TO BE COMPLETED BY AIRPORT OPERATIONS**

|  |  |
| --- | --- |
| **CONDITIONS PLACED ON OPERATION** | |
| Minimum 32 candela steady red obstacle light(s)  (Low-intensity Type B (less than 45m AGL) | YES  NO |
| 2000 candela steady red obstacle light(s)  (Medium-intensity Type B or C (45 - 150m AGL) | YES  NO |
| Airside Operations to be notified before operations commence | YES  NO |
| Crane operation subject to runway Choose an item. being in use? | YES  NO |
| Other conditions placed on operation: |  |
| Click or tap here to enter text. |  |

|  |  |
| --- | --- |
| **SAFEGUARDING DETAILS** | |
| Crane permit number | Click or tap here to enter text. |
| Operation subject to low visibility procedures or cloud ceiling. If YES, see below | YES  NO |
| OLS penetration? | YES  NO |
| Applicable OLS | Click or tap here to enter text. |
| ATS Consultation Required? | YES  NO |
| ATS Comments | Click or tap here to enter text. |
| ATS Sign Off | Click or tap here to enter text. |
| CAA Consultation (IFP Safeguarding) | YES  NO |
| NOTAM Required? | YES  NO |
| Times of Operation | Click or tap here to enter text. |
| Schedule | Click or tap here to enter text. |
| Max Height AGL m/ft | Click or tap here to enter text. |
| Max Height AMSL m/ft | Click or tap here to enter text. |
| NOTAM Reference | Click or tap here to enter text. |
| Other notes/safeguarding details: |  |
| Click or tap here to enter text. | |

|  |  |  |
| --- | --- | --- |
| **LVP CONDITIONS** | **Can the lift take place during the visibility phase** | **Mitigation (if required)** |
| Low Vis Safeguarding  (≤ 1500m RVR ≤ 300ft Cloud ceiling) | YES  NO | Click or tap here to enter text. |
| Low Cloud Operations (LCO) (≤ 200ft Cloud ceiling) | YES  NO | Click or tap here to enter text. |
| Low Visibility Operations (LVO) (≤ 1200m RVR ≤200ft Cloud ceiling) | YES  NO | Click or tap here to enter text. |
| **Agreed restrictions and procedures for this operation:** | | |
| Click or tap here to enter text. | | |

**SECTION 3: PERMIT AUTHORISATION TO BE COMPLETED BY AIRPORT OPERATIONS**

|  |  |  |  |
| --- | --- | --- | --- |
| **AUTHORISED BY** | | | |
| Name | Click or tap here to enter text. | Date Authorised | Click or tap here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| **DISTRIBUTION** | | | |
|  |  |  |  |