**REQUEST TO OPERATE A CRANE IN THE PORT OF SOUTHAMPTON**

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| --- | --- |
| **Please return completed application form to *MobileCranesSouthampton@abports.co.uk*** | |
| **Name of Customer** | *Insert text here* |
| **Address:** | *Insert text here* |
| **Post Code** | *Insert text here* |
| **Telephone:** | *Insert text here* |

|  |  |
| --- | --- |
| **Name of Applicant (crane owner):** | *Insert text here* |
| **Address:** | *Insert text here* |
| **Post Code** | *Insert text here* |
| **Telephone:** | *Insert text here* |

|  |  |  |
| --- | --- | --- |
| **Date of Application:** | *Click to select date* | |
| **Location of Lift:** | *Insert text here* | |
| **Date of lift operation and duration** | *Select date/ type time* | *Select date/ type time* |
| **Weight of lift (tonnes)** | *Insert text here*  tonnes | |
| **Maximum radius of lift (m):** | *Insert text here*  meters | |
| **What lifting:** | *Insert text here* | |
| **DETAILS OF LIFT - SAFETY CRITICAL INFORMATION**  **(please include below if the lift is:**  **‘land to land’; ‘land to vessel or water’; or ‘vessel or water to land’)** | | |
| *Insert text here* | | |

**Appointed Person**

|  |  |
| --- | --- |
| **Name of Appointed Person (1)** | *Insert text here* |
| **Employer** | *Insert text here* |
| **Address** | *Insert text here* |
| **Post Code** | *Insert text here* |
| **Telephone:** | *Insert text here* |

1 Appointed Person to Comply with the requirements of BS7121 Part 3 2017, and hold a Lifting Managers Certificate

**Crane Information**

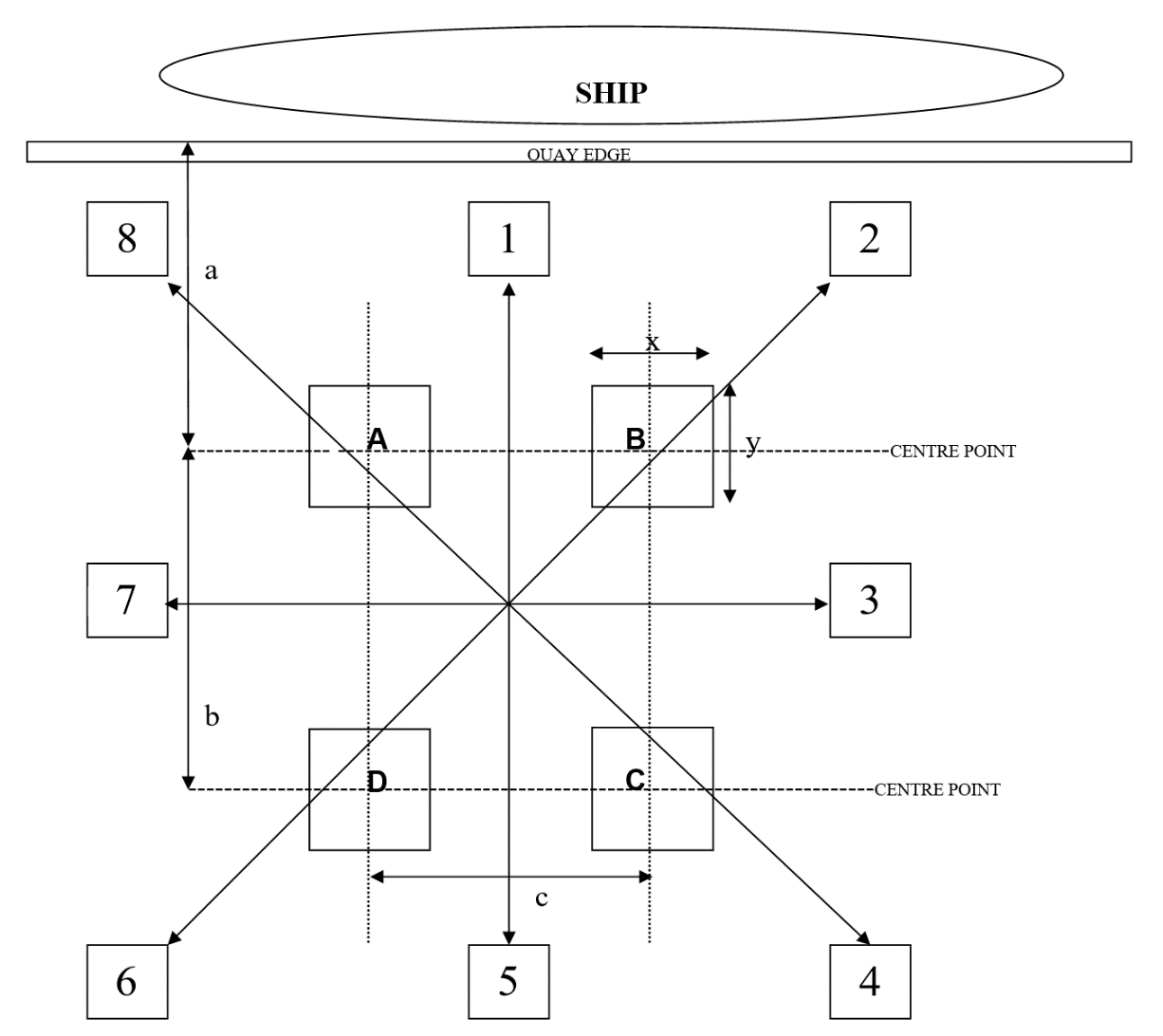
|  |  |  |
| --- | --- | --- |
| **Crane hire company Name** | *Insert text here* | |
| **Model and Registration** | *Insert text here* | |
| **Unladen Weight (a) on road going trim** | *Insert text here* | tonnes |
| **(b) Prepared to lift** | *Insert text here* | tonnes |
| **Capacity (a) At minimum radius of** | *Insert text here*  m | *Insert text here*  tonnes |
| **(b) At maximum radius of** | *Insert text here*  m | *Insert text here* tonnes |

**Health and Safety**

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| **PERMISSION WILL NOT BE GRANTED IF ANY OF THE BELOW CANNOT BE ANSWERED YES** | |
| **1. Do you have a copy of the risk assessment, lift plan and safe system of work covering lift operations and all other activities involving the mobile crane:** | Yes No |
| **2. Have ABP SAFETY CODES SC 2 and 10 been reviewed and incorporated into your Safe System of Works?** | Yes No |
| **3. Have you read and understood to ABPs** [**Port Safety Rules**](https://www.southamptonvts.co.uk/Admin/content/files/Procedures/ABP%20Port%20Estate%20Safety%20Rules_v3_Online.pdf) | Yes No |

**ABP Marine**

|  |  |
| --- | --- |
| **IS THE LIFTING OPERATION FROM WATER TO LAND OR VICE VERSA**  **( If YES - Confirm compliance with requests below)** | Yes No |
| **1. CC:** [**southamptonvts@abports.co.uk**](mailto:southamptonvts@abports.co.uk) **and** [**berthingofficers@abports.co.uk**](mailto:berthingofficers@abports.co.uk) **in all correspondence** | Yes No |
| **2. Any arriving vessels must call “Southampton VTS” VHF Ch12 one hour before berthing alongside.** | Yes No |
| **3. Notify Southampton VTS 30mins prior to lifting operation and upon completion on 02380 608 208** | Yes No |
| **4. Adhere to** [**Southampton Byelaws**](https://www.southamptonvts.co.uk/Port_Information/Regulations/Byelaws/) | Yes No |
| **5. Adhere to** [**Southampton Notice to Mariners and Navigation Guidelines**](https://www.southamptonvts.co.uk/) | Yes No |



|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| PAD | **A** | **B** | **C** | **D** |
| **X(M)** | *Insert text here* | *Insert text here* | *Insert text here* | *Insert text here* |
| **Y(m)** | *Insert text here* | *Insert text here* | *Insert text here* | *Insert text here* |

|  |  |  |  |
| --- | --- | --- | --- |
| DIM | **a** | **b** | **c** |
| **(m)** | *Insert text here* | *Insert text here* | *Insert text here* |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **OUTRIGGER POINT LOADS (tonnes)** | | | | |
| JIB POSITION | A | B | C | D |
| **1** | *Insert text here* | *Insert text here* | *Insert text here* | *Insert text here* |
| **2** | *Insert text here* | *Insert text here* | *Insert text here* | *Insert text here* |
| **3** | *Insert text here* | *Insert text here* | *Insert text here* | *Insert text here* |
| **4** | *Insert text here* | *Insert text here* | *Insert text here* | *Insert text here* |
| **5** | *Insert text here* | *Insert text here* | *Insert text here* | *Insert text here* |
| **6** | *Insert text here* | *Insert text here* | *Insert text here* | *Insert text here* |
| **7** | *Insert text here* | *Insert text here* | *Insert text here* | *Insert text here* |
| **8** | *Insert text here* | *Insert text here* | *Insert text here* | *Insert text here* |

**SOUTHAMPTON**

**USE OF THIRD PARTY MOBILE CRANES**

The customer accepts full responsibility for the operation of the lift stated in the attached paperwork, it is therefore the customer’s responsibility to maintain the safety of the operation at all times when operating on the port estate. The customer agrees to be responsible for and to release and indemnify ABP, its employees and agents from, and against, all liability associated with the lift.

The information that ABP may provide is, to the best of our knowledge correct, however we cannot guarantee or take any liability for this information, and it is for guidance purposes only.

Mobile Cranes entering and operating on the port estate will be charged at the rate stated in ABP’s current Principal Rates & Charges & Standard Terms & Conditions of Trade; this will be charged directly to the owners of the crane. Failure to pay any outstanding invoices will result in the crane owners being prevented from entering into and operating on the ABP Port of Southampton estate.

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| **Declaration** | |
| **Date** | *Select date/ type time* |
| **Signature of applicant** | *Insert text here* |
| **Name in block Capitals** | *Insert text here* |
| **Address** | *Insert text here* |
| **Contact Number** | *Insert text here* |