

Temporary Crane/Obstacle Notification Form and Assessment

1. CRANE/OBSTACLE LOCATION (USE STREET ADDRESS or GPS LOCATION or BEARING/DISTANCE from the ARP)											
2. APPLICANT CONTA	CT D	ETAILS									
Name (Company and direct contact):											
Office Number:		•			Mobile Number:						
3. CRANE OR OBSTAC											
Height (of the location above sea level):											
Total height of Boom (extended):											
Operating Date(s):											
Operating Time (from,to):											
Communications method with Crane				Direc	ct	– Mobil	e n	umber:			
Operator:					ct – Con er:	tac	et				
4. COMPANY OR BUIL	DER	S DETA	ILS								
Name (Company or Build	ler):										
Contact Details:		Name:									
		Office	er:								
		Mobile	ber:				1				
APPLICANTS SIGNATURE								DATE			
OFFICE USE C	NL	Υ.									
Maximum RL permitted at site					(e.g. IHS - 52.5m)						
2. Ground Height (AHD)					(e.g. 11m)						
Maximum Height AGL							(e	e.g. 44m)			
4. Maximum Height of Obstacle (2+3)							(e	e.g. 55m)			
5. OLS Penetration (4 minus 1)							(e	e.g. 2.5m) (a	also co	nvert to	feet)
OLS Infringement: NO YES Transitional Inner Horizontal Outer Conical PANS OPS											
COMPLIANCE ACTIONS	S FOR	RANY	OBST	ACLE	1	PENET	RA'	TION:			
NOTAM	NO	YE		CASA A			essment	NO	YE	S	
Airservices Assessment	NO	ΥE									
APPROVALS											
Detail/Approval provided to applicant (including any restrictions): YES NO											
NOTE: Timings and Dat will require a new applic											