



Republic of the Philippines
DEPARTMENT OF LABOR AND EMPLOYMENT
Regional Office No. ____

PERMIT TO OPERATE CRANE/HOISTING EQUIPMENT

(This permit is valid only upon payment of inspection fee and expires one-year from date of inspection unless otherwise revoked)

CHDL No. _____

Date of Inspection: _____

Pursuant to the provisions of Article 165, Chapter II, Book IV of P.D. 442, as amended, and its Implementing Rules and Regulation of the Occupational Safety & Health Standards and in accordance with authority vested in me by the Order No. 1 dated January 16, 1957, it is hereby certified that the herein described crane/hoisting equipment was inspected/tested by the duly authorized representative of the Department of Labor and Employment and has been found to be in a condition safe for operation at a working load not to exceed_____.

Name of Establishment _____
Location of Crane/Hoisting Equipment _____
Manufacturer _____
Model/Serial No. _____
Type _____
Place of Origin _____
Date of Make _____
Power System _____
HP/KW Rating/Weight Capacity _____

Inspection Fee P _____

Official Receipt No. _____

Date _____

Regional Director

(Please Post This Permit Under Glass Near Crane/Hoisting Equipment)