

<b>1 PROJECT DATA</b>			
<b>CLIENT:</b>		<b>WORK ORDER BY:</b>	
<b>JOB NUMBER:</b>		<b>P.O./CONTRACT #</b>	
<b>MAIN CRANE LIFTING POINTS:</b>			
<b>LIFT ACCOMPLISHMENT DATE:</b>			
<b>WORK PERFORMED:</b>			
<b>2. CRANE DEFINITION</b>		<b>3. LOAD DATA</b>	
Manufacturer:		A Lift Description:	
Model:			
Serial No:		Equipment Number Name:	
Crane Description:		Dimension (L/W/H)	
Area of Operation		Total Gross Weight:	
Crane Yearly Inspection Date:		From Location to Location:	
		B. Maximum Operating Radius to used During Lift (ft)	
<b>4 CRANE CONFIGURATION</b>			
Main Boom		Jib to be Used?	( ) Yes / ( ) No
No Sections:		No. Sections:	
Boom Length:		Jib Size:	
Boom Type:		Jib Length:	
Hoisting From Main Boom:		Jib Type:	
Main Parts of Line:		Jib Offset Angle:	
Main Boom Line Size (Dia)		Jib Capacity of line @ Parts	
Capacity of line @ Parts:		Jib Max. Load Radius	
Max. Load Radius:		Jib Max. Capacity of Lift Point	
Main Boom Max Capacity of Lift Point:		Jib Length of Boom	
Length of Main Boom at Pick ( Deg):		Jib Angle of Boom at Pick (Deg)	
Angle of Main Boom at Set (Deg):		Jib Angle of Boom at Set (Deg)	
		Type of Surface:	
		Ground Compact & Stable	( ) Yes / ( ) No
		Structural Support Required	( ) Yes / ( ) No

<b>5 LIFT WEIGHT DATA AND CALCULATIONS</b>			
Weight of Load to be Lifted (lbs)		Other:	
Max Load Line Weight (lbs)		Down Haul Weight:	
Load Block Weight (lbs)		Jib Stowed ( ) Yes / ( ) No	
Rigging - Lifting Beams	Qty:	Weight of Crane Components	
Rigging - Slings	Qty:	Total Weight of Lifted Load and Crane Components:	
Type:	Capacity:	Total Weight Plus Factor Of(1.10):	
Rigging - Shackles	Qty:	Percent Capacity This Lift:	%
Type:	Capacity:		
<b>6. LIFT ADMINISTRATION CHECKLIST</b>			
Has pre-lift meeting been held with signal person/riggers/operator/site supervisor			( ) Yes / ( ) No
Operator assigned for the Lift ( <b>name</b> ):			
Signal person designated ( <b>name</b> ):			
Communication will be held by <b>Hand Radio Both</b> or <b>Other</b> :			
Has JHA been completed:	( ) Yes / ( ) No		
Has Swing Clearance Been Checked	( ) Yes / ( ) No		
Has area been checked for safe entry and exit	( ) Yes / ( ) No		
Tag lines are to be used:	Description ( ) Diameter ( ) Length		
Pre-Lift Huddle Conducted/Permit	( ) Yes / ( ) No		
<b>Potential Hazards To Be Addressed:</b>			
Weather: ( )Yes / ( )No If yeas please explain:			
Electricity: ( )Yes / ( )No If yes please explain:			
What is Max Winds Speed expected:		( ) 15 MPH consider reassessing lift continuation. ( ) 20 MPH Stop Lift	
Surrounding Obstacles: ( ) Yes ( ) No If yes please explain:			
<b>7. SIGNATURES OF PLAN DEVELOPERS &amp; REVIEWERS</b>			
Person responsible for lift: (operator)			
	Print	Signature:	Date
Site Supervisor:			
	Print	Signature :	Date
Client Representative:			
	Print	Signature:	Date
Other:			
	Print	Signature :	Date

**Critical Lifts:**

- 1 Any lift, above 15 tons, over an operating unit, shelter or building
- 2 Any lift with a load greater than 50 tons
- 3 Any lift in which the combination of weight and lift radius will load the crane in the use above 80% of its rated capacity

- 4 Any lift requiring the use of more than one crane
- 5 Any lift in which a significant risk of personnel injury or equipment damage is possible