



# CHECKLIST FOR LIFTING PLAN

PROJECT TITLE

|                                |                    |              |
|--------------------------------|--------------------|--------------|
| <b>Auditor Name:</b>           | <b>Department:</b> | <b>Date:</b> |
| <b>Work Location:</b>          |                    |              |
| <b>Equipment to be lifted:</b> |                    |              |
| <b>Lifting Plan Task:</b>      |                    |              |

| S/N                                     | Items  | YES                      | NO                       | Remarks |
|---|--|--------------------------|--------------------------|---------|
| <b>Lifting team and lifting machine</b> |  |                          |                          |         |
| 1                                       | Has a competent Lifting Team been identified? (Certifications and/or training records)                           | <input type="checkbox"/> | <input type="checkbox"/> |         |
| 2                                       | Is the exact weight of the load (including rigging and all components) specified?                                | <input type="checkbox"/> | <input type="checkbox"/> |         |
| 3                                       | Is the crane suitable for the identified lift(s) in terms of correct rated capacity and Safe Working Load (SWL)? | <input type="checkbox"/> | <input type="checkbox"/> |         |
| 4                                       | Has the maximum load limits for the lift(s) been specified according to manufacturer's recommendation?           | <input type="checkbox"/> | <input type="checkbox"/> |         |
| 5                                       | Has the load chart been provided to verify boom angle, load radius and lifting capacity for each lift?           | <input type="checkbox"/> | <input type="checkbox"/> |         |
| 6                                       | Is the Lifting Machine (LM) certificate for the crane valid?   | <input type="checkbox"/> | <input type="checkbox"/> |         |
| <b>Drawings / Sketches</b>              |  |                          |                          |         |
| 7                                       | Are drawings / sketches with standard unit of measurement provided for the following?                            |                          |                          |         |
|   | (a) Crane position in relation to any nearby streets or structures   | <input type="checkbox"/> | <input type="checkbox"/> |         |
|   | (b) Location of all nearby utilities both underground and overhead   | <input type="checkbox"/> | <input type="checkbox"/> |         |
|   | (c) Height of the lift to be accomplished  | <input type="checkbox"/> | <input type="checkbox"/> |         |
|   | (d) Load radius from center pin of crane to center of the hook at load pick up (start) point                     | <input type="checkbox"/> | <input type="checkbox"/> |         |
|   | (e) Load radius from center pin of crane to center of the hook at load set (end) point                           | <input type="checkbox"/> | <input type="checkbox"/> |         |
|   | (f) Boom length and angle for the lift(s)  | <input type="checkbox"/> | <input type="checkbox"/> |         |
| <b>Rigging</b>                          |  |                          |                          |         |
| 8                                       | Are the full sling details (include SWL and Factor of Safety) checked?   | <input type="checkbox"/> | <input type="checkbox"/> |         |
| 9                                       | Is lifting gear certificate for selected rigging valid?  | <input type="checkbox"/> | <input type="checkbox"/> |         |
| 10                                      | Is spreader type, length and SWL suitable for the lift?  | <input type="checkbox"/> | <input type="checkbox"/> |         |
| 11                                      | Are shackles size, type and SWL suitable for the lift?   | <input type="checkbox"/> | <input type="checkbox"/> |         |
| 12                                      | Sketch of rigging method provided?   | <input type="checkbox"/> | <input type="checkbox"/> |         |
| <b>Operations</b>                       |  |                          |                          |         |
| 13                                      | Are working and collapse zones of the crane within the site boundaries?  | <input type="checkbox"/> | <input type="checkbox"/> |         |
| 15                                      | Has the limiting wind speeds for operation been considered?  | <input type="checkbox"/> | <input type="checkbox"/> |         |
| 16                                      | Has the proximity to overhead structure(s) been considered?  | <input type="checkbox"/> | <input type="checkbox"/> |         |
| 17                                      | Has the access to lifting location been verified to be suitable?   | <input type="checkbox"/> | <input type="checkbox"/> |         |
| 18                                      | Are excavations activities near lifting operations been considered?  | <input type="checkbox"/> | <input type="checkbox"/> |         |
| 19                                      | Has the effect of wind on crane been considered?   | <input type="checkbox"/> | <input type="checkbox"/> |         |
| 20                                      | Has the effect of wind on load been considered?  | <input type="checkbox"/> | <input type="checkbox"/> |         |
| 21                                      | Have overall ground conditions been verified?  | <input type="checkbox"/> | <input type="checkbox"/> |         |
| 22                                      | Has visibility (such as due to haze) been considered?  | <input type="checkbox"/> | <input type="checkbox"/> |         |
| <b>Lifting Engineer Name:</b>           |  |                          |                          |         |
| <b>Signature:</b>                       |  |                          |                          |         |