

Pre-Lift Check list

Job	Name & Description o	DATE:									
We	ight of Load:	Center of Gravity detern	Center of Gravity determined by:								
	mated or Known?		motified by William Worght W	Method by Which Weight was Determined:							
	ee of comunication (Verbal	Padio or hand):	Site Safety:		Contact Number:	Estimated or Calculated? Contact Number:					
тyр	e of comunication (verbal	, Nadio of Harid).	,								
			CONTACT INFORM	MATION							
		Name		Company	Pho	ne Nun	nber				
Des	ignated Lift Supervisor										
Cra	ne Operator										
Des	ignated Rigger										
			SAFETY REVI	EW							
CR	ANE If the answer to any of	the following questions is	"NO", lifting operations shall not proceed.			Yes	No	NA			
1.	Was a pre-lift operations i	meeting held?									
2.	2. Is the yearly crane/hoist inspection current? (Is it documented?)										
3. Has the daily visual inspection been completed?											
4.	4. Are safety devices installed and tested?										
5.	Is the wind speed below 3 proceed.	30 mph? (Wind speed	>20 mph require reassessment of Wo	rk Risk, if wind speed >3	0 mph, lifting operation shall not						
6.	Have precautions been ta	aken to keep other pers	sonnel out of the area?								
7. Was the need to protect the swing area and lift/landing zones considered?											
8. Has the ground stability been assessed, and is the ground stability adequate for this lift?											
RIGGING If the answer to any of the following questions is "NO", lifting operations shall not proceed.						Yes	No	NA			
9.	Has the rigging been insp	ected? (shackles, cha	ins, wire, rope, etc.)								
10	. Is the rigging of proper ca	pacity?									
LO	AD If the answer to any of the	e following questions is "l	NO", lifting operations shall not proceed.			Yes	No	NA			
11	. Has the need for taglines	been evaluated?									
12	. Is the load to be lifted stal	ble? (no liquid or other	resulting load)								
13	. Have the lifting lugs and p	oad eyes been inspect	ed?								
CRITICAL LIFT ASSESSMENT If the answer to any of the following questions is "YES", a critical lift plan must be completed.								NA			
14	. Are people being lifted?										
15	15. Are power lines within twice the maximum boom swing radius plus the equaled clearance?										
16. Are two or more lifting machines being used to simultaneously lift one load?											
17	17. Is this a lift that presents a risk of significant property damage, high potential of personal injury or designated by cutomer to be critical in nature?										
18. Will the crane or hoist operator lose sight of the lead original person at any time during the lifting operation?											
19	. Is the weight of the load n	nore than 75% of the c	lynamic or static capabilities of the lift	equipment?							
20. Is the lift being conducted over energized or pressurized equipment?											



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	<u> </u>	LIF	T DET	AILS				
Crane Lift capacity								
Estimated weight of required rig								
Estimated total weight of planned load								
Additional weight to be added to								
TOTAL WEIGHT OF T								
Maximum operating boom radiu								
Planned operating boom radius								
ALLOWABLE LOAD (from load chart):								
RATIO OF LIFT TO ALLOW	VABLE LOAD:							
Rigging Diagram: (Include rigging	Crane Path of Travel Diagram:							
	Attached Attached							
						Yes	No	NA
Does this lift involve lifting personnel? If "YES", attach manbasket inspection checklist.								
2. Are there nearby power lines that are closer than twice the distance of the maximum length of the boom?								
3. Are the power lines energized? If "YES", then stop the job and contact the Electrical Service Provider (ESP) to request the power turned off.								
4. Do you have documentation from the ESP that all electrical power lines have been de-energized?								
5. Is there sufficient clearance to de-energize power lines?								
6. Is there a spotter?7. Will there be a representative of the ESP on site during the lift? Name:								
-		<u> </u>	oom ra	ndius to be made near a live electrical power line. These	e must be			
very carefully planned and requ	ire approval from th	e Area Lift Champion and a F	Regiona	al Manager or Deputy Regional Manager.				
l certify ti	he total weight of t			SIGNATURES load (from the load chart) at the planned boom ra	dius.			
TITLE NAME			SIGNATURE DATE/TI		ME			
Authorizing Authority Plant Representative)								
Designated Lift Supervisor								
Crane Operator								
Designated Rigger								