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| **1. General Information** |
| Job: |  |
| Date: |  | Lifting Device Make / Model: |  |
| Is the lifting device’s “Annual Inspection” valid? |  |

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| **2. Critical Lift Criteria** |
| Does this lift involve any of the following criteria? (Show all that are applicable) |
| A | A lift requires more than one hook be used due to magnitude of load. |  |
| B | A lift contained within a tight space or congested area. |  |
| C | Personnel in cages/man baskets attached to equipment not designed for the explicit purpose of lifting people. |  |
| D | Material requiring special handling, non-standard rigging or is of high monetary value. |  |
| E | A lift to remove an item from a previously attached position. (Test rig mechanical interfaces such as: main shaft adapter, tower base, shafts, gearbox etc.) |  |
| F | When lift is > 90% of rated crane load. |  |
| G | Material requiring special handling (e.g. dangerous goods, size/shape, requires non‐ standard rigging, or is of high monetary value) |  |
| H | Travelling with load greater than 60% of crane capacity, or as recommended by the manufacturer. |  |
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| **3. Lift Details** |
| **Component** | **Information** |
| Item(s) to be lifted |  |
| Purpose or reason for lift |  |
| Environment of lift area |  |
|  Potential hazards within path of hoisted material.  |  |
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| **4. Lift Review** |
| **Component** | **Information** |
| Load height once lifted (consider swing path)? |  |
| Surface area of load?(for consideration of impact of wind) |  |
| Number of tag lines required to stabilize load? |  |
| Are devices being used level in all directions? |  |
| Is load sharing adequate for lines used?(Confirm in operators manual or load chart) |  |
| Center of gravity of load determined?(should be within and below rigging points) |  |
| Is the reeve balanced under load? |  |
| Other: |  |
| **If “NO” to any of the above, review the condition and take corrective action** |
| **Action** | **Completed By** |
| 1 |  |
| 2 |  |
| 3 |  |

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| **5. Lift Layout Diagram** |
| Sketch intended to assist in clarification of lifting device set up in relation to load, surrounding structures, rigging, and lay down area, To be completed at the discretion of the Lift Planner |
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| **6. Rigging Data** |
| **Component** | **Information** |
| Rigging pre use inspection complete? |  |
| Sling Material (Chain, Wire Rope, Synthetic)? |  |
| Sling Length |  |
| Sling Configuration (Choke, Basket, Vertical) |  |
| Sling Capacity (in planned configuration) |  |
| Shackle dimensions (height, pin size, throat) |  |
| Shackle Capacity |  |
| Spreader Beam (include ID number) |  |
| Spreader Beam Capacity |  |
| Other rigging component capacity |  |
| **Maximum rigging capacity (as configured)** |  |
| Does rigging capacity match or exceed planned loading? |  |
| **Comments:** |  |
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| **7. Lift Team Personnel** |
| **Component** | **Information** |
| Number of people needed to complete lift |  |
| Is the rigger(s)/signal person(s) trained, competent and qualified? |  |
| Is the lifting device operator trained, competent, and qualified? |  |
| Method of communication between signal person and lifting device operator |  |
| Method of communication between multiple lifting device operators in close proximity? Must communicate prior to each swing movement. |  |

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| **8. Lift Computation** |
| **Component** | **Information** |
| Boom Length |  |
| Jib Length |  |
| Lowest Boom Angle |  |
| Maximum Load Radius |  |
| Outrigger Footplate Size |  |
| Counter Weight Configuration |  |
| Temperature De‐rating (check manual) |  |
| Wind Speed De‐rating (check manual) |  |
| Other |  |
| **If lifting device is used for lifting personnel, use only 50% of the rated capacity.** |
| **Lifting Device Capacity as configured** |  |
|  |  |
| Maximum load weight |  |
| Lifting block and hook weight |  |
| Hoist rope weight |  |
| Rigging weight (slings, shackles, spreader beam, etc.) |  |
| Other |  |
| If there is potential that the load may become stuck, caught on other structures or ground? Ensure load is free before attempting to lift. |
| **Total Lift Weight** |  |
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| **Total lift weight SHALL NOT EXCEED capacity as configured** |

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| **9. Lift Plan Sign In** |
| **Lifting Device Operator(s):**I have been briefed of the contents of this lift plan and accept the duty of ensuring the lift is carried out to the agreed procedure, to the limits of my responsibilities.(if the lift continues through a shift change, or if there are multiple operators the additional operator shall review and sign above the original name) |  |  |  |
|  |  |  |
| **Name** | **Signature** | **Date** |
| **Lift Supervisor:**I have been briefed of the contents of this lift plan and accept the duty of ensuring the lift is carried out to the agreed procedure. I will conduct a pre lift briefing to review all components of this lift plan with all lift team members prior to lift. |  |  |  |
|  |  |  |
| **Name** | **Signature** | **Date** |
| **Lift Rigger(s):**I have been briefed of the contents of this lift plan and accept the duty of ensuring the lift is carried out to the agreed procedure, to the limits of my responsibilities. |  |  |  |
|  |  |  |
| **Name** | **Signature** | **Date** |
| **Lift Signal Person(s):**I have been briefed of the contents of this lift plan and accept the duty of ensuring the lift is carried out to the agreed procedure, to the limits of my responsibilities. |  |  |  |
|  |  |  |
| **Name** | **Signature** | **Date** |

**Form Revision History**

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| --- | --- | --- | --- | --- |
| Revision | Date | Summary of change | Author | Approver |
| A | 01/09/2020 | Initial issue | Nancy LaFlair | J. Curtiss Fox |
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