



CRANE LIFT PLAN PRE-USE INSPECTION

1. PROJECT DATA			
Project name:	Location:	Contractor:	
Job number:	Work order by:		
Main crane lifting points:	Main boom:	Jib point:	
Lift accomplishment date:	Work performed:		
2. CRANE DEFINITION		3. LOAD DATA	
Manufacturer:	Lift description:		
Model:			
Serial no:	Equipment no/name:		
Crane description (rated):	Dimensions (L/W/H):		
Capacity:	Total gross weight:		
Area of operation:	From location to location:		
Crane yearly inspection date:	Max. operation radius (ft):		
4. CRANE CONFIGURATION			
No. of main boom sections:	Jib to be used:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Boom size:	No. sections:		
Boom length:	Jib size:		
Boom type:	Jib length:		
Weight hoisting from main boom:	Jib type:		
Main boom line size (diameter):	Jib offset angle:		
Max capacity of line:	Jib capacity of line at parts:		
Max load radius:	Jib max load radius:		
Main boom max:	Jib max capacity of lift point:		
Capacity of lift point:	Jib length of boom:		
Length of main boom:	Jib angle of boom at pick (deg):		
Angle of main boom at pick (deg):	Jib angle of boom at set (deg):		
Angle of main boom at set (deg):	Ground compact and stable:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Type of surface size:		
	Structural supports required:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

5. LIFT WEIGHT DATA AND CALCULATIONS

Weight of load to be lifted:				Other:			
Max. load:				Down haul weight:			
Line weight:				Jib stowed:			
Load block weight:				Weight of crane components:			
Lifting capacity:				Percent capacity of max load weight:			
Crane rigging type:	<input type="checkbox"/> Beams	<input type="checkbox"/> Slings	<input type="checkbox"/> Shackles				
Rigging capacity:							

PRE-LIFT WORKSHEET

6. LIFT ADMINISTRATION CHECKLIST

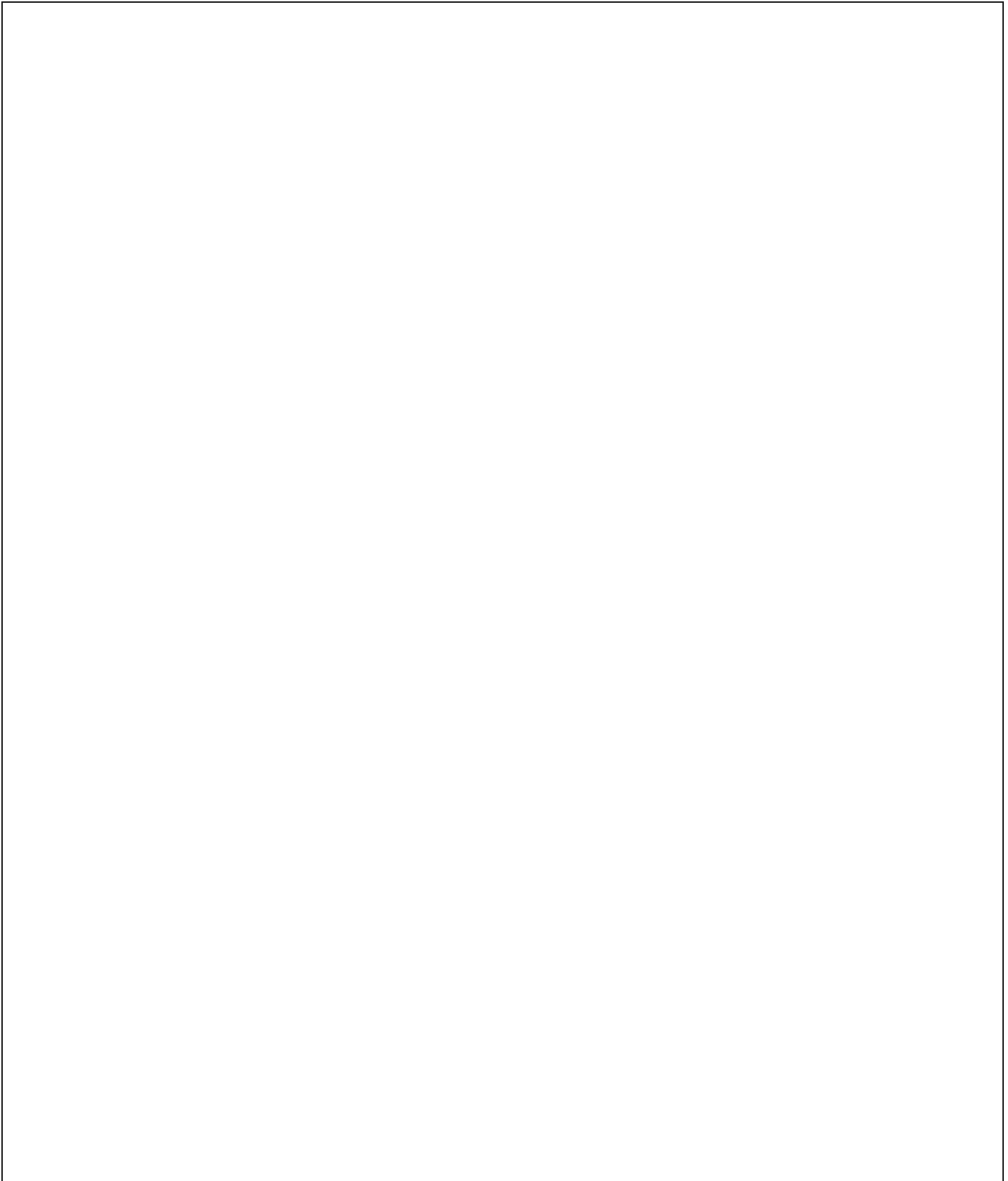
Has pre-lift meeting been held with signal person, rigger, operator, and site supervisor?						<input type="checkbox"/> Yes	<input type="checkbox"/> No
Lift operator name:				Lift operator signature:			
Operator holds certification card:		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Certification card expiration date:			
Signal person name:				Signal person signature:			
Communications:		<input type="checkbox"/> Hand	<input type="checkbox"/> Radio	<input type="checkbox"/> Both	<input type="checkbox"/> Other:		
Have JHAs been completed?						<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has swing clearance been checked?						<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the area been checked for safe entry and exit?						<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are taglines to be used?						<input type="checkbox"/> Yes	<input type="checkbox"/> No
Tagline diameter:			Tagline length:				

Name of person responsible for lift plan:		Signature:		Date:	
Supervisor name:		Signature:		Date:	
EHS representative:		Signature:		Date:	
Other:		Signature:		Date:	

CRITICAL LIFTS

1. Any lift 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 75% of its rated capacity.
4. Any lift requiring the use of more than one crane.
5. Any lift in which a significant risk of personal injury or equipment damage is possible.

LIFT PLAN SKETCH



Lift plan supervisor:

Date:

EHS representative:

Date:

HOISTING AND RIGGING: MOBILE CRANE PRE-USE INSPECTION FORM

Project: _____

VISUAL INSPECTION	PASS	FAIL	N/A
Engine fluid level correct (check dip stick or sight glass)			
Hydraulic fluid level correct (check dip stick or sight glass)			
Hydraulic system exhibits no apparent weeping or leaks			
Air system exhibits no audible leaks			
Tire pressure acceptable and tire not damaged			
Telescoping boom exhibits no damage to structure, wear pads, boom stops, or cylinder			
Wire rope is spooled correctly and free of dirt, and excess lube, kinks, or wires			
Reeving is correct			
Wedge sockets and wire rope clips not distorted, cracked, or missing			
Block not damaged			
Ball and hook is free to swivel and rotate			
Guards are in place			
Outrigger float(s) secured with pad pin			
Cab			
Handrails in place and not damaged			
Operator's manual in vehicle			
Load chart legible and visible to operator			
Hand signal chart visible to workers			
Charged fire extinguisher in place			
Cab glass not cracked and wipers are functional			
GAUGES AND INDICATORS	PASS	FAIL	N/A
Load moment indicator operational			
Drum rotation indicator functioning			
Boom length indicator functioning			
Boom angle indicator functioning			
Engine: hydraulic, air, electrical, oil pressure, temperature, and fuel			
Operational inspection			
Correct counterweight for the load			
Main hoist control functioning			
Auxiliary hoist control functioning			
Anti-two block in place and functioning			
Swing brake			
Lights and horns functional			

The operator completes the inspection before beginning work, keeps the form on the crane during work, and forwards to the equipment custodian once work is completed.

IMPORTANT: Operator makes a service request if any item fails inspection.

Operator:	Crane number:
Signature:	Model number:
Comments:	Date: