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| **Lift Details** |
| ***Unique Identifier:*** |       | **Date:** |       |
| **Location:** |       | **Total Load Weight:** |       |
| **Description of Lift:** |       |
|

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| **Complete either crane, or lifting appliance data below - strike any sections that are not applicable** |

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| Lift Data: Crane #1 |
| Load Weight |
| Load Description:      | Load Weight:      lbs/kg |
| Rigging Weight | N/A |
| Main Hoist Block, Auxiliary Boom Head / Headache Ball:       | Total Block Weight:       lbs/kg |    |
| Slings, Shackles, Hardware (list on page 3):      | Total Rigging Weight:       lbs/kg |    |
| Jib Weight Allowance (if applicable):      |        lbs/kg |    |
| Total load and rigging weight as a percentage of total lifting capacity of crane:       % |

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| Total Load Weight |  |  50,000 |
| ⎯⎯⎯⎯⎯⎯⎯⎯⎯ x 100 = % | **Example**  | ⎯⎯⎯⎯⎯⎯⎯⎯⎯ x 100 = 20% |
| Crane Capacity |  |  250,000 |

 |
| Operating Radius |
| Maximum Radius of Load to be not greater than:       ft/m | Plan view of load location and crane orientation attached. |  [ ]  Yes [ ]  No |
| Boom |
| Maximum Boom Angle:      | Maximum Boom Length:      | Maximum Lift Radius:      |
| Load orientation prior to lift: | [ ]  Front | [ ]  Side | [ ]  Rear |
| Swing orientation relative to crane: | [ ]  Front | [ ]  Side | [ ]  Rear |
| Wind Speed |
| Lifts are not allowed with wind speed in excess of: MPH / KPH        |
| **Crane Operator Declaration (I confirm that the above lift data is accurate for the crane):** |
| Name (print):      | Signature:      | Date:      |

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| Lift Data: Crane #2 |
| Load Weight |
| Load Description:      | Load Weight:      lbs/kg |
| Rigging Weight | N/A |
| Main Hoist Block, Auxiliary Boom Head / Headache Ball:       | Total Block Weight:       lbs/kg |    |
| Slings, Shackles, Hardware (list on page 3):      | Total Rigging Weight:       lbs/kg |    |
| Jib Weight Allowance (if applicable):      |        lbs/kg |    |
| Total load and rigging weight as a percentage of total lifting capacity of crane:       % |

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| Total Load Weight |  |  50,000 |
| ⎯⎯⎯⎯⎯⎯⎯⎯⎯ x 100 = % | **Example**  | ⎯⎯⎯⎯⎯⎯⎯⎯⎯ x 100 = 20% |
| Crane Capacity |  |  250,000 |

 |
| Operating Radius |
| Maximum Radius of Load to be not greater than:       ft/m | Plan view of load location and crane orientation attached. |  [ ]  Yes [ ]  No |
| Boom |
| Maximum Boom Angle:      | Maximum Boom Length:      | Maximum Lift Radius:      |
| Load orientation prior to lift: | [ ]  Front | [ ]  Side | [ ]  Rear |
| Swing orientation relative to crane: | [ ]  Front | [ ]  Side | [ ]  Rear |
| Wind Speed |
| Lifts are not allowed with wind speed in excess of: MPH / KPH        |
| **Crane Operator Declaration (I confirm that the above lift data is accurate for the crane):** |
| Name (print):      | Signature:      | Date:      |

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| Lift Data: Lifting Appliance #1 |
| Description *(e.g. Electric Overhead Hoist, Manual Hand Chain Hoists)*      |
| Load Weight |
| Load Description:      | Load Weight:      lbs/kg |
| Rigging Weight (Net Load) |
| Slings, Shackles, Hardware (list on page 3):      | Total Rigging Weight:       |
| Total load weight as a percentage of total lifting capacity:       % |

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| Total Load Weight |  |  50,000  |
| ⎯⎯⎯⎯⎯⎯⎯⎯⎯ x 100 = % | **Example**  | ⎯⎯⎯⎯⎯⎯⎯⎯⎯ x 100 = 20% |
| Appliance Capacity |  |  250,000 |

 |
| **Operator Declaration (I confirm that the above lift data is accurate for the lifting appliance):** |
| Name (print):      | Signature:      | Date:      |

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| Lift Data: Lifting Appliance #2 |
| Description *(e.g. Electric Overhead Hoist, Manual Hand Chain Hoists)*      |
| Load Weight |
| Load Description:      | Load Weight:      lbs/kg |
| Rigging Weight (Net Load) |
| Slings, Shackles, Hardware (list on page 3):      | Total Rigging Weight:       |
| Total load weight as a percentage of total lifting capacity:       % |

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| Total Load Weight |  |  50,000  |
| ⎯⎯⎯⎯⎯⎯⎯⎯⎯ x 100 = % | **Example**  | ⎯⎯⎯⎯⎯⎯⎯⎯⎯ x 100 = 20% |
| Appliance Capacity |  |  250,000 |

 |
| **Operator Declaration (I confirm that the above lift data is accurate for the lifting appliance):** |
| Name (print):      | Signature:      | Date:      |

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| Rigging Data |
| Slings |
| TypeSynthetic / Wire | LengthFt / m | Size(Diameter or Width) | How UsedStraight / Choked / Basket | Multi-Leg(# of Legs) | Capacity(Per Leg) | Quantity |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
| **Shackles (WLL must be on Shackle)** |
| TypeRound Pin / Screw Pin / Bolt-Type | Nominal Length(in.) | Working Load Limit(WLL) | Quantity |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
| **Provide Brief Description and Sketch of Load Rigging** |
| List any additional rigging to be utilized in description and sketch.      |
| Rigger / Load Handler: |
| Name (print):      | Signature:      | Date:      |
| Name (print):      | Signature:      | Date:      |
| Name (print):      | Signature:      | Date:      |
| Name (print):      | Signature:      | Date:      |

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| Method Statement or Step-by-Step (if required) |
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| Lifting or Suspension of personnel |
| If the answer to **ALL** of the following questions is **YES:**The crane is **SUITABLE** for the lifting or suspension of personnel.  |
| **COMPLETE CHECKLIST BELOW TO ENABLE A SAFE LIFT** | **Yes** | **N/A** |
| Are all the necessary certificates for the crane, crane wire ropes, slings and other associated equipment current? | [ ]  |  |
| Are all the safety features and systems working properly (e.g. Rated Capacity Indicators, overhoist limiters)? | [ ]  |  |
| Are the brakes applied progressively (e.g. to avoid shock or snatch loading)? | [ ]  |  |
| In the event of a complete power failure, will the crane maintain the load in a safe condition (e.g. brakes fail to the applied position)? | [ ]  |  |
| In the event of the primary brake system failing or a complete power failure, can the load be lowered manually to a position where the personnel can be recovered safely? | [ ]  |  |
| In the event of a primary brake or transmission system failure, will the load be prevented from free-falling (e.g. secondary braking system or transmission system with hydraulic retardation)? | [ ]  |  |
| Is the crane fitted with an emergency stop which is located for immediate operation by the crane operator? | [ ]  |  |

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| Planning Checklist |
| ***Execution of the lift will be in accordance with local regulations and company requirements.*** |
| **COMPLETE CHECKLIST BELOW TO ENABLE A SAFE LIFT** | **Yes** | **N/A** |
| Drawing / sketch (if required) is attached? | [ ]  | [ ]  |
| The lift can be performed without the potential for striking or damaging live process plant? | [ ]  | [ ]  |
| There is ample headroom for the lifting appliance and slings? | [ ]  | [ ]  |
| There is sufficient safe access and egress for personnel slinging and unslinging the load(s)? | [ ]  | [ ]  |
| The lay down area size and load bearing capacity is suitable for the load(s)? | [ ]  | [ ]  |
| Simultaneous operations have been considered and measures put in place to prevent negative impact? | [ ]  | [ ]  |
| Hands free lifting devices and/or number of tag lines (if required) has been evaluated and confirmed? | [ ]  | [ ]  |
| The load(s) has been checked for containment of contents and loose items to prevent Dropped Objects?  | [ ]  |  |
| The load(s) are free to be lifted (e.g. sea fastenings released, all hold down bolts removed, not jammed)? | [ ]  |  |
| No one is positioned where they could be crushed or where they could be under the travel path of the load? | [ ]  |  |
| Sufficient personnel have been assigned responsibilities for the lift (e.g. Authorized Signaler/Load Handler)? | [ ]  |  |
| Pre-use equipment checks and inspections have been completed? | [ ]  |  |
| Weight, size, shape, and center of gravity of the load(s) have been determined? | [ ]  |  |
| The route to be travelled has been identified, checked and cleared of obstructions? | [ ]  |  |

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| **REMEMBER:** | **The lift is incomplete and the crane hook considered a live load until the boom is in the rest and the crane shut down.** |

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| Competent Person Declaration: |  |  |
| I confirm that I have verified:* The adequacy of the lift plan to mitigate the risk of injury
* The accuracy of the responses in the planning checklist
* That all personnel involved in the lift have been briefed on the job risk assessment and lift plan
 |
| Name (print):      | Signature:      | Date:      |

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| Job Supervisor Approval |  |  |
| I confirm that I have verified that all personnel involved in the lift have been briefed on the Job Risk Assessment and Lift Plan, and authorize the commencement of lifting operations. |
| Name (print):      | Signature:      | Date:      |

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|  | ***A copy of the Plan must be maintained at the work location and in a central location of the facility (so all active work can be monitored).***  |