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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:       % | | | |  |  |  | | --- | --- | --- | | 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:       % | | | |  |  |  | | --- | --- | --- | | 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:       % | | |  |  |  | | --- | --- | --- | | 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:       % | | |  |  |  | | --- | --- | --- | | 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 | | | | | | | | | | | | |
| Type  Synthetic / Wire | | Length  Ft / m | | Size  (Diameter  or Width) | | How Used  Straight / Choked / Basket | | Multi-Leg  (# of Legs) | Capacity  (Per Leg) | | | Quantity |
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| **Shackles (WLL must be on Shackle)** | | | | | | | | | | | | |
| Type  Round Pin / Screw Pin / Bolt-Type | | | Nominal Length  (in.) | | | | Working Load Limit  (WLL) | | | | Quantity | |
|  | | |  | | | |  | | | |  | |
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| **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** |
| Is the drawing / sketch (if required) is attached? |  |  |
| Can the lift be performed without the potential for striking or damaging live process plant? |  |  |
| Is there ample headroom for the lifting appliance and slings? |  |  |
| Is there sufficient safe access and egress for personnel slinging and unslinging the load(s)? |  |  |
| Is the lay down area size and load bearing capacity suitable for the load(s)? |  |  |
| Have 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? |  |  |
| Lift requires the use of friction reliant lifting device? (Complex/Critical Lift, Lifting OA and TA approval required) |  |  |
| Combines lifting and/or rigging and rope access? (Complex/Critical Lift, Person in Charge, Lifting Focal & L3 Rope Access Supervisor approval required) |  |  |
| Have the load(s) has been checked for containment of contents and loose items to prevent Dropped Objects? |  |  |
| Are the load(s) free to be lifted (e.g. sea fastenings released, all hold down bolts removed, not jammed)? |  |  |
| Is anyone one is positioned where they could be crushed or where they could be under the travel path of the load? |  |  |
| Have sufficient personnel have been assigned responsibilities for the lift (e.g. Authorized Signaler/Load Handler)? |  |  |
| Have the pre-use equipment checks and inspections been completed? |  |  |
| Have the Weight, size, shape, and center of gravity of the load(s) have been determined? |  |  |
| Has the route to be travelled 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).*** |