

Location: \_\_\_\_\_ Date of Lift(s): \_\_\_\_\_

Lift Description:

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Affected Process Area Equipment/Piping:

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Summary of Contingency Plan:

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**1. Mitigation of Hazards**

- a) Electrical Hazards Identified  Yes  No
- b) Practical Swing Direction & Boom Angle  Yes  No
- c) Flagging Type & Location Identified  Yes  No
- d) Close Tolerance Positioning  Yes  No
- e) Other Unusual Factors  Yes  No

**2. Crane Check Off**

- a) Crane Daily Inspection Complete  Yes  No
- b) Certified Crane Operator (Crane Specific)  Yes  No
- c) Lift is Below 75% of Crane Capacity  Yes  No
- d) Tag Lines Attached  Yes  No
- e) Wind Conditions Checked \_\_\_\_\_ MPH  Yes  No

Maintenance/Project Supervisor: \_\_\_\_\_ Date \_\_/\_\_/

OPS Coordinator/Supervisor: \_\_\_\_\_ Date \_\_/\_\_/

Responsible Zone Operator: \_\_\_\_\_ Date \_\_/\_\_/

Area Safety Specialist: \_\_\_\_\_ Date \_\_/\_\_/

**ATTENTION:** Printed copies should be used with caution.

The user of this document must ensure the current approved version of the document is being used.