

Location of Lift: _____ Date of Lift(s): _____

Load Description: _____

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Source of Load Weight: _____ Verified by: _____

Source of Contingency Plan discussion: _____

Site Supervisor has reviewed lift description

Site Supervisor _____ Date _____

1. Gross Load

- a) Load _____ lbs.
 - b) Weight of Headache Ball _____ lbs.
 - c) Weight of Block _____ lbs.
 - d) Weight of Lifting Bar _____ lbs.
 - e) Weight of Slings/Shackles _____ lbs.
 - f) Weight of Jib Erected _____ lbs. Stowed _____ Lbs.
 - g) Weight of Headache Ball of Jib _____ lbs.
 - h) Height of Cable (Load Fall) _____ lbs.
 - i) Allowance for Unaccountable _____ lbs.
- Total Load: _____ lbs.

2. Fly/Extension/Jib

- a) Erected/Stowed _____
- b) Type of Jib _____
- c) Length of Jib _____
- d) Angle of Jib _____ Degrees
- e) Chart-Related Capacity _____ lbs.

3. Wire Rope

- a) Parts of Line _____ Ea.
- b) Diameter of Cable _____ In.
- c) Construction Type _____

4. Support System

- a) Compaction Study? Yes No N/A
- b) Foundation in Area Verified (explain) _____
- c) Electrical Hazards Verified _____
- d) Obstacles of Obstructions During Swing _____
- e) Swing Direction and Degree _____
- f) Flagging Locations and Type Used _____
- g) Checked for Underground Systems and Hazards? Yes No

5. Sling Configuration

- a) Type of Arrangement _____
- b) Number of Slings in Hook-Up _____
- c) Sling Size _____

6. Shackle Selection

- a) Master Link (SWL) _____
- b) Shackle(s) at Load (SWL) _____
- c) Number of Shackles _____

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.

7. Crane Configuration

- a) Type of Crane _____ Tons
- b) Crane's Gross Capacity _____ Ft.
- c) Load Radius _____ Ft.
- d) Boom Length _____ Ft.
- e) Angle of Boom _____ Degrees
- f) Rated Capacity of Crane:
 - Over Rear _____ Lbs.
 - Over Front _____ Lbs.
 - Over Side _____ Lbs.
- g) Chart-Rated Capacity for this Lift _____ Lbs.
- h) Total Load on Crane _____ Lbs.
- i) Lift is _____ % of Crane's Capacity

8. Lift Administration

- a) Matting Acceptable Yes No N/A
- b) Outrigger Fully Extended Yes No N/A
- c) Crane in Good Condition Yes No N/A
- d) Swing Radius is OK and Flagged Yes No N/A
- e) Head Room Checked Yes No N/A
- f) Manufacturer Approved Counterweights Yes No N/A
- g) Attached Diagram Chart Yes No N/A
- h) Tag Lines Attached Yes No N/A
- i) Experienced Operator (Crane Specific) Yes No N/A
- j) Designated Signal Person Yes No N/A
- k) Designated/Authorized* Rigger Yes No N/A
- l) Load Chart in Crane Yes No N/A
- m) Wind Conditions _____ MPH Yes No N/A
- n) Soil Compaction Study Yes No N/A
- o) Certified Rigging Yes No N/A

*Note: All Lifting Lugs must be engineered and approved for this lift, with records on file.

Lift Company Representative	Date	Lift Supervisor	Date
Safety Specialist/Superintendent			
Responsible Zone Operator(s)	Date	Operations Coordinator/Supervisor	Date
Crane Operator(s)	Date	Signal Person(s)	Date
Rigger 1	Date	Rigger 2	Date