

Complete this form through Step 15 prior to pre-lift meeting

Site Supervisor has reviewed lift description and agrees man basket is best choice for access

Site Supervisor _____ Date _____

Location: _____ Job No: _____ Insp. Tag Date: _____

Crane No: _____ Model/Type: _____

Length of Boom: _____ Boom Angle: _____ Radius: _____

Name of Persons in Basket:

a. _____ b. _____

c. _____ d. _____

Date on Certificate of Inspection – To Be Annually

1. Basket No. _____ Lbs. _____

2. Weight of Headache Ball _____ Lbs. _____

3. Total Weight of Occupants, Tools & Equipment _____ Lbs. _____

4. Load Block Weight = _____ Lbs. _____

5. Whip Line Ball Weight = _____ Lbs. _____

6. Working Load Capacity (2)+(3)+(4)+(5) = _____ Lbs. _____

7. Chart Related Capacity at Operating Radius _____

8. Maximum Load Capacity (7) (2) = _____

9. Is working area for the crane free of power lines? Yes No

10. Crane set up on firm footing and level with outriggers in use, if equipped. Yes No

11. Anti two-blocking device for two block damage prevention Yes No

12. Is safety line provided for basket and attached above Headache Ball Yes No

13. Is platform suspended from crane that has controlled towering capability? Yes No

14. Tag lines provided to control basket, only if required Yes No

15. Area of lift to be properly flagged off for overhead lifts Yes No

16. Proof testing at 125% of rated capacity before lift Yes No

17. Has crane operator's inspection been performed after trial lift Yes No

18. Has basket and all rigging equipment been inspected after trial lift?
Hook to be positive locking type and locked? Yes No

19. Weather conditions good. Wind speed 20 mph max at job site.
Manbasket to be supplied with hand held wind speed indicator Yes No

20. Radio communications provided if hand signals impossible.
Use voice commands. Yes No

21. Safety harness worn by employees inside basket Yes No

Summary of contingency plan discussion: _____

Signature of Crane Operator _____

Signature of Lift Supervisor _____ Signature of Safety _____

Inspector _____

Signature of Persons in Basket 1) _____ 2) _____

3) _____ 4) _____

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