



CRITICAL LIFT PLANNING WORKSHEET EXPLANATION

FORM EXPLANATION AND INFORMATION

PURPOSE/PROCEDURE:

- This form serves to assist in determining if hoisting operations include critical lifts. Critical lifts are defined by the following:
 - Multiple cranes are used to make the lift
 - The load exceeds 75% of the crane's load chart capacity (at the specific boom angle and radius)
 - High risk activities
- The worksheet provides an agenda for the required meeting to discuss the specific lifting procedures.
- The form should be completed by the contractor using the crane and the crane supplier. Include load charts, weight information, rigging information, etc. with critical lift form.
- The completed form is to be stored in the weekly safety file.
- Any questions related to this procedure should be directed to the Safety Department.



CRITICAL LIFT PLANNING WORKSHEET

PROJECT: _____	SUBCONTRACTOR: _____
COMPETENT PERSON: _____	QUALIFIED RIGGER: _____
IS CRANE OPERATOR CERTIFIED? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
<i>IF MULTIPLE CRANES ARE REQUIRED FOR THE LIFT, A SEPARATE WORKSHEET IS REQUIRED FOR EACH CRANE.</i>	

CRANE INFORMATION

CRANE OWNER/SUPPLIER:	_____
BOOM TYPE:	<input type="checkbox"/> TELESCOPING BOOM <input type="checkbox"/> LATTICE BOOM
CRANE BASE:	<input type="checkbox"/> ON RUBBER TIRE <input type="checkbox"/> OUTRIGGERS <input type="checkbox"/> CRAWLER <input type="checkbox"/> AIRCRAFT
BOOM LENGTH:	_____
JIB LENGTH:	_____
COUNTERWEIGHT:	_____
CAPACITY OF CONFIGURATION:	_____
ANNUAL CERTIFICATION DATE:	_____

LOAD DATA & RIGGING

WHAT IS BEING HOISTED? (TYPE OF MATERIAL/PRODUCT)	_____
HOW WILL THE LOAD BE HOISTED? (RIGGING CONFIGURATION)	_____
WILL ENGINEERED PICK POINTS BE UTILIZED?	<input type="checkbox"/> YES <input type="checkbox"/> NO
WHAT TYPE(S) OF RIGGING IS NEEDED?	_____
WHO IS PROVIDING THE RIGGING?	_____
HAS THE RIGGING BEEN INSPECTED?	<input type="checkbox"/> YES <input type="checkbox"/> NO
TAG LINES UTILIZED (IF NOT, WHY)	<input type="checkbox"/> YES <input type="checkbox"/> NO
WEIGHT OF LOAD:	_____
RIGGING WEIGHT:	_____
BLOCK & LINE WEIGHT:	_____
TOTAL LOAD WEIGHT: (RIGGING + BLOCK & LINE +LOADWEIGHT)	_____
IS LOAD GREATER THAN 75% OF CHART?	<input type="checkbox"/> YES <input type="checkbox"/> NO



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COMMUNICATIONS & FALL PROTECTION

WHAT TYPE OF COMMUNICATIONS WILL BE USED? HAND SIGNALS HARD LINE 2 WAY RADIO OTHER: _____

HAND SIGNALS MUST BE POSTED / CELL PHONES ARE NOT APPROVED METHOD

IDENTIFY SIGNAL PERSON: _____

IS FALL PROTECTION REQUIRED FOR SIGNALPERSON? YES NO IF YES, WHAT METHODS WILL BE UTILIZED? _____

SITE CONSTRAINTS & SOIL CONDITIONS

ARE OVERHEAD POWER LINES / OBSTRUCTIONS PRESENT: YES NO IF YES, IDENTIFY LOCATIONS: _____

PRECAUTIONS FOR OVERHEAD POWERLINES/OBSTRUCTIONS: _____

PRECAUTIONS FOR OVERHEAD PROTECTION; PROTECTION OF OCCUPIED SPACES AND PEDESTRIANS: YES NO IF YES, WHAT IS PLAN: _____

GROUND CONDITIONS: ACCEPTABLE NOT ACCEPTABLE

EXPLAIN REQUIRED ACTION TO CORRECT: _____

OUTRIGGER PLACEMENT (ATTACH LOAD CHART): FULL EXTENSION HALF EXTENSION OTHER

IS THE CRANE RATED FOR THIS CONFIGURATION? YES NO

WILL OUTRIGGERS BE PLACED ON/NEAR SHORING OR OPEN EXCAVATION? YES NO

IF YES, IS THE SHORING DESIGNED TO HANDLE THE IMPOSED LOAD: YES NO UNKNOWN (IF NO OR UNKNOWN, CONTACT ENGINEER)

WILL THE OUTRIGGERS BE PLACED ON, OVER, OR NEARLY OVER THE TOP OF UNDERGROUND UTILITIES: YES NO

IF YES, WHAT PRECAUTIONS WILL BE TAKEN: _____

IS LIFT BEING MADE BY AIRCRAFT? YES NO (IF YES, REFER TO APPENDIX C OF POWER'S CRANE POLICY)

SUBMITTAL

SUBMITTED BY: _____

REVIEWED BY (SAFETY REPRESENTATIVE): _____

DATE: _____

THIS FORM DOES NOT REPLACE Crane Operators checklist and required documentation.