**Standard Pre-Lift Plan Checklist**

Date: Job #: Location:

Time: Completed By (Competent Person):

|  |  |  |
| --- | --- | --- |
| Crane Considerations | Yes | No |
| 1 | Are the lifts within the crane’s rated capacities? (based on boom height, radius) |  |  |
| 2 | Boom deflections considered? |  |  |
| 3 | Have all potential crane boom obstructions been identified? |  |  |
| 4 | Have environmental considerations been addressed? (wind, weather, lightning) |  |  |
| 5 | Have electrical hazards been addressed (overhead /underground) 20' |  |  |
|  | - Clearance distances established?- Is a spotter required?- Public Utility contact required? |  |  |
|  |  |
|  |  |
| 6 | Crane swing radius properly barricaded and personnel advised of hazards? |  |  |
| Comments: |
| Crane Considerations | Yes | No |
| 1 | Weights and Centers of Gravity (COG) have been determined? |  |  |
| 2 | Anything inside/outside the loads that could shift during the lift? |  |  |
| 3 | Does rigging need protection from the loads? |  |  |
| 4 | All anchor bolts, hold-downs, or fasteners have been removed? |  |  |
| 5 | Potential for binding: are load cells required to verify the loads are free? |  |  |
| 6 | Attachment points rated to take load weight? |  |  |
| 7 | Are the loads structurally capable of being lifted? (bending/twisting issues) |  |  |
| 8 | 75% of its capacity or 2 cranes? **STOP**- **You need a Critical Lift Plan**  |  |  |
| Weight of object to be lifted:Within the capacity of the crane:Distance from lift to the crane:Boom Angle required:Diagram the lift: |

|  |  |  |
| --- | --- | --- |
| Rigging | Yes | No |
| 1 | All rigging has been inspected by a Qualified Rigger? |  |  |
| 2 | Have sling angles been calculated? |  |  |
| 3 | Are shackles correctly sized for the sling eyes? |  |  |
| 4 | Are softeners needed? |  |  |
| 5 | Tag line in use? |  |  |
| Comments: |
| Personnel | Yes | No |
| 1 | The roles, responsibilities and qualifications for personnel have been defined? (Operator, Lift Supervisor, Rigger, Signal Person) |  |  |
| 2 | A Pre-Lift meeting has been conducted? |  |  |
| 3 | Personnel trained? |  |  |
| Comments: |
| Area Preparation | Yes | No |
| 1 | The locations for the load landings has been selected and prepared? |  |  |
| 2 | Blocking and/or cribbing available to set the loads on? |  |  |
| 3 | Travel paths have been determined and cordoned off? |  |  |
| 4 | Other personnel in the area have been notified of the lifts? |  |  |
| 5 | Have ground bearing support questions been addressed? |  |  |
| Comments: |

Crane Operator:

Date:

Rigger(s):

Date:

Signal Person:

Date:

Other:

Date: