DEPARTMENT OF
ENVIRONMENTAL HEALTH AND SAFETY

1202 W. Farm Road, Suite 002
Stillwater, OK 74078
E | ehs@okstate.edu
O | (405) 744-7241
ehs.okstate.edu

CRANE LIFT PLAN PRE-USE INSPECTION

1. PROJECT DATA		
Project name:	Location:	Contractor:
Job number:	Work order by:	
Main crane lifting points:	Main boom:	Jib point:
Lift accomplishment date:	Work performed:	

2. CRANE DEFINITION	**3. LOAD DATA**
Manufacturer:	Lift description:
Model:	
Serial no:	Equipment no/name:
Crane description (rated):	Dimensions (L/W/H):
Capacity:	Total gross weight:
Area of operation:	From location to location:
Crane yearly inspection date:	Max. operation radius (ft):

4. CRANE CONFIGURATION				
No. of main boom sections:	Jib to be used:	☐ Yes	☐ No	
Boom size:	No. sections:			
Boom length:	Jib size:			
Boom type:	Jib length:			
Weight hoisting from main boom:	Jib type:			
Main boom line size (diameter):	Jib offset angle:			
Max capacity of line:	Jib capacity of line at parts:			
Max load radius:	Jib max load radius:			
Main boom max:	Jib max capacity of lift point:			
Capacity of lift point:	Jib length of boom:			
Length of main boom:	Jib angle of boom at pick (deg):			
Angle of main boom at pick (deg):	Jib angle of boom at set (deg):			
Angle of main boom at set (deg):	Ground compact and stable:	☐ Yes	☐ No	
	Type of surface size:			
	Structural supports required:	☐ Yes	☐ No	

5. LIFT WEIGHT DATA AND CALCULATIONS			
Weight of load to be lifted:	Other:		
Max. load:	Down haul weight:		
Line weight:	Jib stowed:		
Load block weight:	Weight of crane components:		
Lifting capacity:	Percent capacity of max load weight:		
Crane rigging type:	☐ Beams	☐ Slings	☐ Shackles
Rigging capacity:			

PRE-LIFT WORKSHEET

6. LIFT ADMINISTRATION CHECKLIST				
Has pre-lift meeting been held with signal person, rigger, operator, and site supervisor?			☐ Yes	☐ No
Lift operator name:	Lift operator signature:			
Operator holds certification card: ☐ Yes ☐ No	Certification card expiration date:			
Signal person name:	Signal person signature:			
Communications: ☐ Hand ☐ Radio ☐ Both ☐ Other:				
Have JHAs been completed?			☐ Yes	☐ No
Has swing clearance been checked?			☐ Yes	☐ No
Has the area been checked for safe entry and exit?			☐ Yes	☐ No
Are taglines to be used?			☐ Yes	☐ No
Tagline diameter:	Tagline length:			

Name of person responsible for lift plan:	Signature:	Date:
Supervisor name:	Signature:	Date:
EHS representative:	Signature:	Date:
Other:	Signature:	Date:

CRITICAL LIFTS

1. Any lift over an operating unit, shelter or building.
2. Any lift with a load greater than 50 tons.
3. Any lift in which the combination of weight and lift radius will load the crane in the use above 75% of its rated capacity.
4. Any lift requiring the use of more than one crane.
5. Any lift in which a significant risk of personal injury or equipment damage is possible.

LIFT PLAN SKETCH

Lift plan supervisor:	Date:
EHS representative:	Date:

HOISTING AND RIGGING: MOBILE CRANE PRE-USE INSPECTION FORM

Project: _____

VISUAL INSPECTION	PASS	FAIL	N/A
Engine fluid level is correct (check dip stick or sight glass)			
Hydraulic fluid level is correct (check dip stick or sight glass)			
Hydraulic system exhibits no apparent weeping or leaks			
Air system exhibits no audible leaks			
Tire pressure is acceptable and tires are not damaged			
Telescoping boom exhibits no damage to structure, wear pads, boom stops, or cylinder			
Wire rope is spooled correctly and free of dirt, and excess lube, kinks, or wires			
Reeving is correct			
Wedge sockets and wire rope clips are not distorted, cracked, or missing			
Block not damaged			
Ball and hook is free to swivel and rotate			
Guards are in place			
Outrigger float(s) secured with pad pin			
Does the operators cab pass visual inspection, no cracks, distorted pieces			
Handrails are in place and are not damaged			
Operator's manual is in the vehicle			
Load chart is legible and visible to the operator			
Hand signal chart is visible to workers			
Charged fire extinguisher is in place			
Cab glass not cracked and wipers are functional			
GAUGES AND INDICATORS	**PASS**	**FAIL**	**N/A**
Load moment indicator is operational			
Drum rotation indicator is functioning			
Boom length indicator is functioning			
Boom angle indicator is functioning			
Engine: hydraulic, air, electrical, oil pressure, temperature, and fuel			
Operational inspection			
Correct counterweight for the load			
Main hoist control is functioning			
Auxiliary hoist control is functioning			
Anti-two block is in place and functioning			
Swing brake			
Lights and horns are functional			

The operator completes the inspection before beginning work, keeps the form on the crane during work, and forwards to the equipment custodian once work is completed.

IMPORTANT: Operator makes a service request if any item fails inspection.

Operator:	Crane number:
Signature:	Model number:
Comments:	Date:

Current as of July 2025