



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: | <input type="checkbox"/> Yes | <input type="checkbox"/> 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: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Type of surface size: | | |
| | Structural supports required: | <input type="checkbox"/> Yes | <input type="checkbox"/> 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: | <input type="checkbox"/> Beams <input type="checkbox"/> Slings <input type="checkbox"/> Shackles |
| Rigging capacity: | |

PRE-LIFT WORKSHEET

6. LIFT ADMINISTRATION CHECKLIST

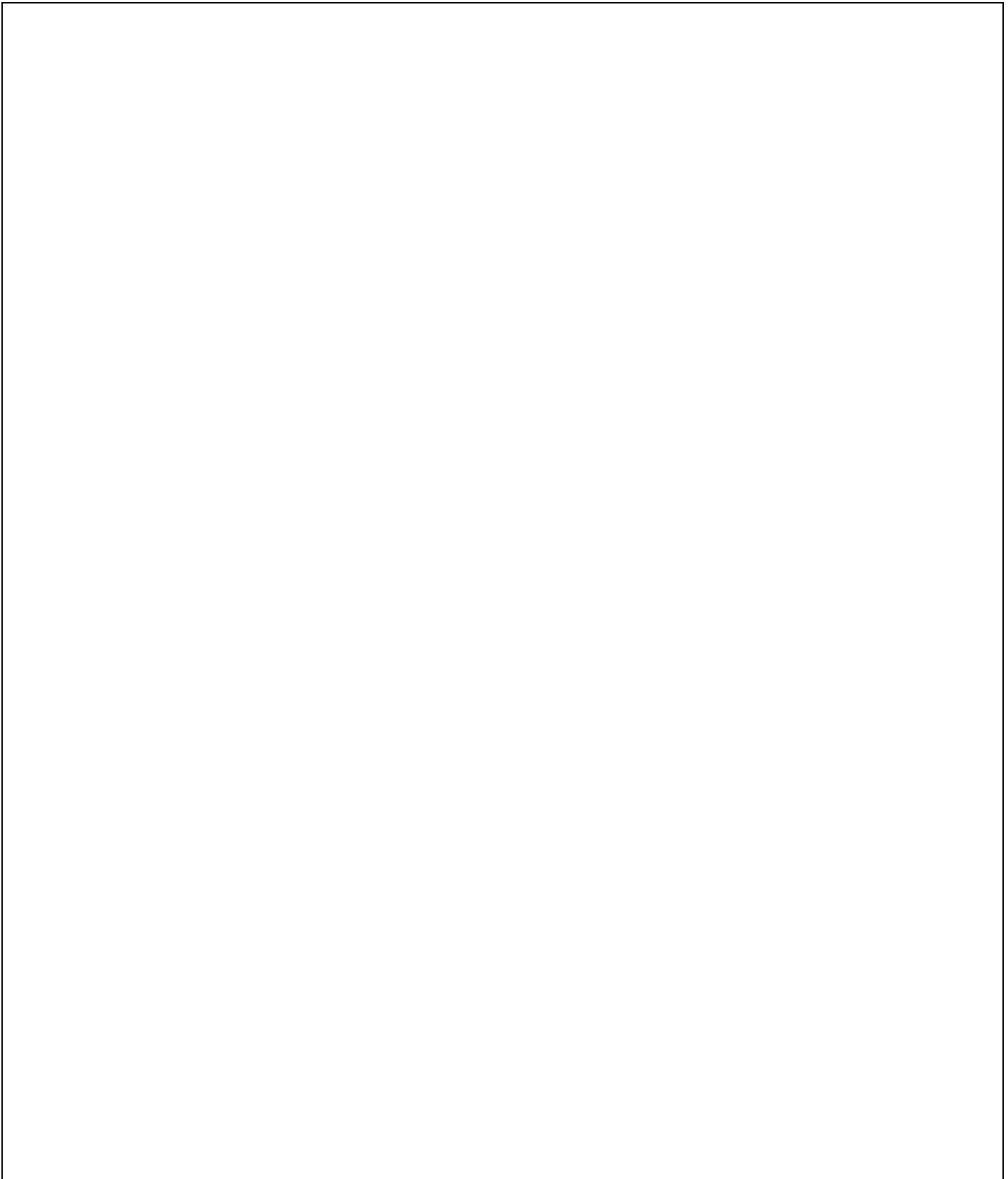
| | | |
|---|--|---|
| Has pre-lift meeting been held with signal person, rigger, operator, and site supervisor? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Lift operator name: | Lift operator signature: | |
| Operator holds certification card: | <input type="checkbox"/> Yes <input type="checkbox"/> No | Certification card expiration date: |
| Signal person name: | Signal person signature: | |
| Communications: | <input type="checkbox"/> Hand <input type="checkbox"/> Radio | <input type="checkbox"/> Both <input type="checkbox"/> Other: |
| Have JHAs been completed? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Has swing clearance been checked? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Has the area been checked for safe entry and exit? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are taglines to be used? | <input type="checkbox"/> Yes | <input type="checkbox"/> 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 correct (check dip stick or sight glass) | | | |
| Hydraulic fluid level correct (check dip stick or sight glass) | | | |
| Hydraulic system exhibits no apparent weeping or leaks | | | |
| Air system exhibits no audible leaks | | | |
| Tire pressure acceptable and tire 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 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 | | | |
| Cab | | | |
| Handrails in place and not damaged | | | |
| Operator's manual in vehicle | | | |
| Load chart legible and visible to operator | | | |
| Hand signal chart visible to workers | | | |
| Charged fire extinguisher in place | | | |
| Cab glass not cracked and wipers are functional | | | |
| GAUGES AND INDICATORS | PASS | FAIL | N/A |
| Load moment indicator operational | | | |
| Drum rotation indicator functioning | | | |
| Boom length indicator functioning | | | |
| Boom angle indicator functioning | | | |
| Engine: hydraulic, air, electrical, oil pressure, temperature, and fuel | | | |
| Operational inspection | | | |
| Correct counterweight for the load | | | |
| Main hoist control functioning | | | |
| Auxiliary hoist control functioning | | | |
| Anti-two block in place and functioning | | | |
| Swing brake | | | |
| Lights and horns 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: |