CRITICAL LIFT PLAN FOR OVERHEAD CRANES

DOC#: _____ Site procedure / SOP: _____

Date: _____ *(date of lift)* Prepared By: _____

Location: _____ Other: _____

A "critical lift" is defined as any non-routine crane lift requiring detailed planning and additional or unusual safety precautions. Critical lifts include: lifts made where the load weight is greater than 75% of the rated capacity of the crane; lifts which require load to be lifted, swung or placed out of the operator's view; lifts made with more than one crane; lifts involving non-routine/technically difficult rigging arrangement; hoisting personnel with a crane or derrick; or any lift which the crane operator believes should be critical.

A. TOTAL LOAD

1. Load Weight (net load)		lbs.
2. Wt. of Lifting Beam		lbs.
3. Wt. of Sling/Shackles		lbs.
4. Other:		lbs.
5. TOTAL WT(gross load)	0	lbs.

Note: Source of load weight (Drawing, Calcs, etc.) must be attached on Page 2

B. CRANE

1. Type of Crane
2. Maximum Crane Capacity _____ lbs.
3. Gross Load of Crane _____ lbs.
4. Lift is 0% of the Cranes rated capacity
5. Note any non-standard conditions here.

C. HOIST ROPE

C. HOIST ROPE	Main	Aux 1	Aux 2
1. # of Parts			
2. Rope Diameter			
3. Capacity			

D. RIGGING See Attached Drawings/Diagrams

1. Hitch Type(s) _____
2. No. of Slings: _____ Size: _____
3. Sling Type (material): _____
4. Sling Assembly Capacity: _____ lbs.
5. Shackle Size(s): _____
6. Shackle Rated Capacity(s) _____ lbs.
7. Sling, shackle, hoist ring vendors & part numbers:
8. Expected Service Load _____
9. Torque for Hoist Rings-Check for Proper torques where applicable.

E. Signal Person Info./ Radio Check

1. Crane Operator briefed on who is Responsible for each point of lift?	YES	YES/NO
2. Names and location of each signal person recorded?		YES/NO
3. Are all signal people on-station before lift starts?		YES/NO
4. All Signal people must state their name and that they "have the hook"?		YES/NO
5. Are all Radios on Channel 2 before moving the crane? (when required)		YES/NO
6. Operators daily crane checklist completed and signed?		YES/NO

F. OPERATOR QUALIFICATIONS

1. Certified Operator?		YES/NO
2. Certified Rigger/Signal Person		YES/NO
		YES/NO
		YES/NO

G. PRE-LIFT CHECKLIST

G. PRE-LIFT CHECKLIST	(YES)	N/A	(NO)
1. Crane Inspected			
2. Rigging Inspected			
3. Overhead Hazard Check			
4. Swing Check			
5. Tag Lines			
6. Area Traffic Hazard Check			
7. Signatures			
8. Pinch Point Hazard Check			
9. Set-Down Point Check			

H. SIGNATURES

1. Crane Operator _____
2. Lift Supervisor _____
3. Rigger _____
4. 1st Signal Person _____
5. 2nd Signal Person _____
6. Other (state title) _____
7. Other (state title)

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LOAD CALCULATIONS

Show here or attach calculations, drawings, etc.

CRITICAL LIFT PLAN FOR OVERHEAD CRANES

OPERATOR, RIGGER, SIGNAL PERSON QUALIFICATIONS

Show here or attach operator qualifications

Rigging/Signal Person Certified –

Name		Date	Class Retaken	Expiration Date	Sign if working on lift	Date of Lift

CRITICAL LIFT PLAN FOR OVERHEAD CRANES

OPERATOR, RIGGER, SIGNAL PERSON QUALIFICATIONS

Show here or attach operator qualifications

Overhead Crane Certified –

Name		Date	Class Retaken	Expiration Date	Sign if working on lift	Date of Lift

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SITE PLAN

Show here or attach site plan and sequencing.