

## GENERAL

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Location: \_\_\_\_\_ Lift Date & Time: \_\_\_\_\_

Work Order #: \_\_\_\_\_ Lift Supervisor: \_\_\_\_\_

Description of Item to be Lifted (if multiple items are being lifted, they must be identical in all ways in order for this lift plan to apply): \_\_\_\_\_

Has the crew performed this lift before? Y  N

### LIFT EVALUATION-Check all that apply.

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#### HAZARDS TO PERSONNEL

- Y  N  Does the lift require personnel lifting devices (scissor lifts, personnel platforms, etc.)
- Y  N  Will load handling personnel be in hazardous locations (pinch points, crush points)
- Y  N  Will the load being lifted be in close proximity to other work areas
- Y  N  Does the load contain materials that may be immediately hazardous to life and health

#### HAZARDS IN PROXIMITY TO WORK AREA

- Y  N  Will the load encroach on utilities (power, gas, pressure lines, etc.)
- Y  N  Is there potential for electromagnetic interference that could cause loss of communication (radios)

#### COMPLEXITY OF LOAD HANDLING ACTIVITY

- Y  N  Does the shape or integrity of the load require special attention
- Y  N  Does center of gravity in relation to pick points cause a concern (top heavy, concentration of load in relation to lift point)
- Y  N  Can the load's Centre of Gravity shift during the lift (liquids, movable parts)
- Y  N  Are limited clearances involved
- Y  N  Does the load require manipulation (turned, flipped, rotated)
- Y  N  Can the load of one or more of the sling legs change during the lift
- Y  N  Are there multiple cranes being used for the lift (two crane lift)
- Y  N  Is the load being lifted unique or unfamiliar to workers
- Y  N  Are there special means required to connect or disconnect rigging

## ENVIRONMENTAL CONCERNS

- Y  N  N/A  If the load is taken outdoors, will wind, rain, visibility be a factor
- Y  N  Will temperature be a factor (temperature limits of rigging and/or lifting equipment)

## CRANE AND RIGGING EQUIPMENT CAPACITY AND PERFORMANCE

- Y  N  Load exceeds 75% of the cranes rated capacity. (see attached calculation sheet #-----)
- Y  N  Load exceeds 90% of the rigging equipment being utilized. (see attached lift drawing #-----)
- Y  N  Is the load being removed from a location where it may cause suction or binding
- Y  N  Will the speed of the equipment cause dynamic loading on the rigging
- Y  N  Is the lift using multiple cranes (tandem lift)
- Y  N  Can load shift cause overload of any one piece of rigging equipment
- Y  N  Are there environmental concerns for the rigging (heat, chemical, abrasion)
- Y  N  Are there diameter restrictions to the rigging that may cause derating of slings (D:d ratios, minimum diameters for polyester slings, max and min diameters for wire rope and web slings)

## COMMERCIAL IMPACT

- Y  N  The load constitutes a risk to the public or the environment (i.e. load contains hazardous materials, compressed gases, etc.)
- Y  N  Damages from loss of load may result in lost time or delays to a work project
- Y  N  There is no replacement part available if component is damaged
- Y  N  Considerable replacement cost for component being lifted
- Y  N  Can damage or loss of load cause commercial impact

## SITE REQUIREMENTS

- Y  N  Are there corporate considerations that require attention
- Y  N  Are there regulatory considerations that require attention

## REPETITIVE LIFTS

- Y  N  Are there any distractions to consider (Other work, noise, traffic, etc.)
- Y  N  Will or is fatigue a factor to consider (Same lift several times or lift will take considerable time)

Y  N  If yes to any of the considerations above, do they constitute a critical lift?

**If yes continue with form, if no fill out Job Hazard Assessment and perform lift as a standard lift.**

**SKETCH LIFT PLAN SHOWING POSITIONS OF EQUIPMENT AND PERSONNEL**

**Operator (“O”)      Tag Line (“T”)      Spotters (“S”)      Communication Personnel (“C”)**

**PERSONNEL REQUIRED FOR LIFT**

Y     N  **Crane Operator(s)** \_\_\_\_\_

Y     N  **Signal People** \_\_\_\_\_

Y     N  **Spotter(s)** \_\_\_\_\_

Y     N  **Tag Line(s)** \_\_\_\_\_

Y     N  **Riggers(s)** \_\_\_\_\_

Y     N  **Lift Director** \_\_\_\_\_

Y     N  **Lift Planner** \_\_\_\_\_

Y     N  **Safety Officer** \_\_\_\_\_

Y     N  **All personnel are competent for the tasks at hand**

**List any other position required with names:**

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**Above Confirmed By: Print:** \_\_\_\_\_ **Sign:** \_\_\_\_\_

**Sketch load here indicating centre of gravity, lift points and rigging utilized:**

**(Indicate sling angles and sling tensions for determining capacities of rigging required)**

**THE LOAD BEING LIFTED**

Load Dimensions: Length \_\_\_\_\_ Width \_\_\_\_\_ Height \_\_\_\_\_

Load weight: \_\_\_\_\_ Determined By:  manufacturer  Calculation  Shipping Documents

Y  N  Center of Gravity Confirmed

Y  N  Lift Points Confirmed as Appropriate

Y  N  Load Integrity confirmed for Chosen Lift Points

Y  N  Will the laydown area be sufficient to lay down the load

**If load weight calculated, show calculation or information here**

**Above Confirmed By: Print: \_\_\_\_\_ Sign: \_\_\_\_\_**

**LOAD HANDLING EQUIPMENT**

Type of Crane(s):  Bridge Crane  Jib Crane  Mono-rail Crane  Gantry Crane

Crane Capacity: \_\_\_\_\_

Hand Chain Hoists & Lever Hoists: Y  N

Lever and/or chain hoist capacity: \_\_\_\_\_

Have periodic inspections been confirmed: Y  N

**RIGGING EQUIPMENT BEING UTILIZED**

Rigging Complies With:  ASME  Legislative Requirements  Other: Specify \_\_\_\_\_

Hardware:  Shackle  Eyebolts  Swivel Ring

Slings:  Synthetic Web  Polyester Round  Chain  Wire Rope

Below the Hook Lifting Devices:  Spreader Bar  Plate Clamps  Magnets  Other  Pre-lift tests required:

Specify \_\_\_\_\_

What are the Restrictions for the Rigging:  D:d Ratios  Edge Radius  Diameter restriction (Web/wire rope)

Temperature  Environmental  Angles  Minimum Ratings  N/A

Homemade Devices:  N/A  Engineering Confirmed Type: \_\_\_\_\_

Weight of Rigging if Applicable : \_\_\_\_\_

Periodic Inspections Confirmed: Y  N

Pre-Use Inspections Completed: Y  N

\*NOTE: Do company policies state that periodic inspections have to be current prior to lift Y  N

Concerns for any of the above must be noted: \_\_\_\_\_

Above Confirmed By: Print: \_\_\_\_\_ Sign: \_\_\_\_\_

**\*NOTE: Show calculation indicating crane/hoist capacity in relation to load being lifted as a percentage**

**Crane Capacity:** \_\_\_\_\_

**Load Weight:** \_\_\_\_\_

**Rigging Weight (if applicable):** \_\_\_\_\_

**Load and rigging weight ÷ crane capacity:** \_\_\_\_\_ **% of cranes capacity**

**Above Confirmed By: Print:** \_\_\_\_\_ **Sign:** \_\_\_\_\_

**SITE SERVICES AND SUPPORT EQUIPMENT**

Y  N  Manlifts / scissor lifts

Y  N  Traffic control (forklifts, mobile equipment)

Y  N  Emergency personnel required (first aid, safety personnel, equipment service personnel)

Y  N  Auxiliary power

List any other equipment that may be required: \_\_\_\_\_

**COMMUNICATION SYSTEMS**

Y  N  Hand Signals

Y  N  Radio Systems

Y  N  Warning Systems (Horns, beacons, alarms)

Concerns for any of the above must be noted: \_\_\_\_\_

**SITE CONTROL**

Y  N  Pedestrian and traffic controls in place

Y  N  Proper barricades and flagging in place

Y  N  Potential interference from other site activities reviewed

Concerns for any of the above must be noted: \_\_\_\_\_

**Above Confirmed By: Print:** \_\_\_\_\_ **Sign:** \_\_\_\_\_

**TO BE COMPLETED BY LIFT DIRECTOR PRIOR TO PRE-LIFT MEETING:**

**CONTINGENCY CONSIDERATIONS**

- Y  N  Process reviewed if power failure occurs
- Y  N  Process reviewed if communication systems fail (radio, horns, beacons, etc.)
- Y  N  Fowling of rigging occurs during lift
- Y  N  Un-authorized entry of personnel or equipment occurs
- Y  N  Deviation from plan occurs

**EXECUTION OF LIFT PLAN**

- Y  N  Lift director has confirmed the set up and preparation requirements of the plan
- Y  N  Lift director has confirmed that all equipment has been tested and inspected as required
- Y  N  Lift director has confirmed contingency plans are in place and understood
- Y  N  Lift director understands that deviations of the lift plan are under their direct control

**EMERGENCY ACTION PLAN**

- Y  N  Reviewed existing site emergency plan and modifications if required
- Y  N  Reviewed the need for emergency action plan related to current load handling activity
- Y  N  Reviewed plan if equipment failure occurs
- Y  N  Reviewed plan if injury occurs

Concerns for any of the above must be noted: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Lift Approved By:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_



**PRE-LIFT MEETING**

Y  N  Overview of lift reviewed

Y  N  Lifting equipment and rigging involved in lift reviewed

Y  N  Sequence of events reviewed with all involved

Y  N  Safety considerations reviewed along with responsibilities

Y  N  Lift director has confirmed assigned roles and all in attendance understand their roles and responsibilities

Concerns for any of the above must be noted: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Lift Approved By: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_

**POST LIFT REVIEW**

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Y  N  Was the lift performed safely?

Identify and describe any safety issues that arose during this lift.

Safety Concern	Recommended Action

Specify any other concerns or changes required if lift is to be repeated at another time:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_