

LIFTING PLAN

NOTE: A LIFT PLAN **MUST BE COMPLETED** FOR EACH LIFT OR SERIES OF LIFTS

Location on job / lift description: _____

Date of lift: _____ Project # _____ Type of crane _____

Crane Placement: Any deviation from level compact surface in area? _____
 Electrical hazards in the area? _____
 Obstacles or obstructions to lift and swing? _____
 Swing direction and degree (boom swing) _____

Lift arrangement:	Planned lift path:	Jib
Lift radius _____ ft. (center pin of crane to center of lift)	[] 360° [] over front	Erected [] Stored []
Boom length _____ ft.	[] over rear [] over side	Is Jib to be used: Yes [] No []
Boom angle at lift _____ deg.	Lift path cleared?	Length of jib: _____ ft.
Boom angle at set _____ deg.	[] yes [] no	Angle of jib: _____ deg.
		Rated capacity of jib: _____ lbs.

Rated capacity of crane:	Load line:	Whip line:
360° _____ lbs.	Number of parts cable: _____	Number of parts cable: _____
Over side _____ lbs.	Size of cable: _____	Size of cable: _____
Over front _____ lbs.	Length _____	Length _____
Over rear _____ lbs.	lbs/ft _____	lbs/ft _____
	total weight: _____	total weight: _____

Weight of lift

Weight of load:	_____ lbs.
Weight of lifting beam	_____ lbs.
Weight of rigging	_____ lbs.
Weight of auxiliary rigging	_____ lbs.
Additional weight:	
Headache ball/ Load-block	_____ lbs.
Load line	_____ lbs.
Whip line	_____ lbs.
Jib deduction	_____ lbs.
Allowance:	
Unaccounted material	_____ lbs.
Total weight:	_____ lbs.

Sling selection

Type of arrangement			
Size _____	ea. _____	cap. _____	lbs. _____
Size _____	ea. _____	cap. _____	lbs. _____
Size _____	ea. _____	cap. _____	lbs. _____

Shackle selection

Size _____	ea. _____	cap. _____	lbs. _____
Size _____	ea. _____	cap. _____	lbs. _____
Size _____	ea. _____	cap. _____	lbs. _____

Auxiliary rigging:

Come-a-long	ea. _____	cap. _____	lbs. _____
Chainfall	ea. _____	cap. _____	lbs. _____
Other	ea. _____	cap. _____	lbs. _____

Weight of rigging: _____ lbs.
 Weight of auxiliary rigging: _____ lbs.

% of crane capacity*:
 *(If load exceeds 75 % of rated capacity, sketch rigging plan, crane placement and swing path on reverse.)

Source of load weight: _____
 Weights verified by: **X** _____

PRE-LIFT CHECK LIST	YES	/	NO	PRE-LIFT CHECK LIST	YES	/	NO
1. Matting acceptable?	[]	/	[]	8. Experienced operator?	[]	/	[]
2. Outriggers fully extended?	[]	/	[]	9. Experienced flagman?	[]	/	[]
3. Crane in good condition?	[]	/	[]	10. Qualified rigger?	[]	/	[]
4. Swing room?	[]	/	[]	11. Load chart in crane?	[]	/	[]
5. Head room checked?	[]	/	[]	12. Wind conditions:	_____		
6. Max counterweights used?	[]	/	[]	13. Crane inspected by:	_____		
7. Tag line used?	[]	/	[]	14. Functional test of crane by:	_____		

Special instructions or restrictions for crane, rigging, lift, etc. _____

 Job supervisor PM/Superintendent

 Operator reviewed Other/Safety

* Multiple crane lifts require a separate lift plan for each crane. Any changes in configuration, placement, rigging, etc. require that a new plan be developed.