Lifting Plan
(Over 5,000 lbs)

LOCATION: ___________________________ DATE OF LIFT: ____________

LOAD DESCRIPTION

LIFE DESCRIPTION

A. WEIGHT
1. EQUIPMENT CONDITION: NEW [ ] USED [ ]
2. WEIGHT EMPTY: LBS
3. WEIGHT OF HEADACHE BALL: LBS
4. WEIGHT OF BLOCK: LBS
5. WEIGHT OF LIFTING BAR: LBS
6. WEIGHT OF SLINGS & SHACKLES: LBS
7. WEIGHT OF JIB: [ ] ERECT [ ] STORED
8. WEIGHT OF HEADACHE BALL ON JIB: LBS
9. WEIGHT OF CABLE (LOAD Fall): LBS
10. ALLOWANCE FOR UNACCOUNTED MATERIAL IN EQUIPMENT: LBS
11. OTHER: LBS
   TOTAL WEIGHT: LBS
   SOURCE OF LOAD WEIGHT:

(Name Plate, Drawings, Calculated, etc.)

WEIGHTS VERIFIED BY: ___________________________

B. JIB
[ ] ERECT [ ] STORED
1. IF JIB TO BE USED
2. LENGTH OF JIB
3. ANGLE OF JIB
4. RATED CAPACITY OF JIB [FROM CHART]

C. CRANE PLACEMENT
1. ANY DEVIATION FROM SMOOTH SOLID FOUNDATION IN THE AREA?

[ ]
2. ELECTRICAL HAZARDS IN AREA?

[ ]
3. OBSTACLES OR OBSTRUCTIONS TO LIFT OR SWING?

[ ]
4. SWING DIRECTION AND DEGREE (BOOM SWING)

[ ]

D. CABLE
1. NUMBER OF PARTEE OF CABLE
2. SIZE OF CABLE

SPECIAL INSTRUCTIONS OR RESTRICTICONS FOR CRANE, RIGGING, LIFT, ETC.

E. SIZING OF SLINGS
1. SLING SELECTION
   A. TYPE OF ARRANGEMENT
   B. NUMBER OF SLINGS IN HOOKUP
   C. SLING SIZE
   D. SLING LENGTH
   E. RATED CAPACITY OF SLING

2. SHACKLE SELECTION
   A. PIN DIAMETER (INCHES)
   B. CAPACITY (TONS)
   C. SHACKLE ATTACHED TO LOAD BY:
   D. NUMBER OF SHACKLES

F. CRANE
1. TYPE OF CRANE
2. CRANE CAPACITY: TONS
3. LIFTING AGREEMENT
   A. MAXIMUM DISTANCE - CENTER OF LOAD TO CENTER PIN OF CRANE
   B. LENGTH OF BOOM
   C. ANGLE OF BOOM AT PICKUP DEGREES
   D. ANGLE OF BOOM AT SET DEGREES
   E. RATED CAPACITY OF CRANE UNDER SEVEREST LIFTING CONDITIONS (FROM CHART)
   1. OVER REAR LBS
   2. OVER FRONT LBS
   3. OVER SIDE LBS
   4. FROM CHART - RATED CAPACITY OF CRANE FOR THIS LIFT
   5. MAXIMUM LOAD ON CRANE
   6. LIFT IS % OF CRANE'S RATED CAPACITY

G. PRE-LIFT CHECKLIST
1. MATTING ACCEPTABLE [ ] [ ] [ ]
2. OUTRIGGERS FULL EXTENDED [ ] [ ] [ ]
3. CRANE IN GOOD CONDITION [ ] [ ] [ ]
4. SWING ROOM
5. HEAD ROOM CHECKED [ ] [ ] [ ]
6. MAX COUNTERWEIGHTS USED [ ] [ ] [ ]
7. TAG LINE USED [ ] [ ] [ ]
8. EXPERIENCED OPERATOR [ ] [ ] [ ]
9. EXPERIENCED FLAGMAN (DESIGNATED) [ ] [ ] [ ]
10. EXPERIENCED RIGGER [ ] [ ] [ ]
11. LOAD CHART IN CRANE [ ] [ ] [ ]
12. WIND CONDITIONS [ ] [ ] [ ]
13. CRANE INSPECTED BY [ ] [ ] [ ]
14. FUNCTIONAL TEST OF CRANE BY [ ] [ ] [ ]

MULTIPLE CRANE LIFTS REQUIRE A SEPARATE LIFT PLAN FOR EACH CRANE. ANY CHANGES IN THE CONFIGURATION OF THE CRANE, PLACEMENT, RIGGING, LIFTING SCHEME, ETC., OR CHANGES IN ANY CALL CAUTIONS REQUIRE THAT A NEW LIFT PLAN BE DEVELOPED.

_________________________ ___________________________
Signature of Task Supervisor Signature Plan Checked by Rigging Supervisor

DATE: ____________ DATE: ____________

6/10/04