

Lifting Plan

(Over 5,000 lbs)

LOCATION: _____ DATE OF LIFT: _____

LOAD DESCRIPTION _____

LIFE DESCRIPTION _____

A. WEIGHT

- | | | | |
|---|--------------------------------|---------------------------------|-----|
| 1. EQUIPMENT CONDITION | NEW <input type="checkbox"/> | USED <input type="checkbox"/> | |
| 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 | _____ | LBS | |
| | <input type="checkbox"/> ERECT | <input type="checkbox"/> 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

ERECTED _____ 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 PARTS OF CABLE _____
2. SIZE OF CABLE _____

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

MULTIPLE CRANE LIFTS REQUIRE A SEPARATE LIFT PLAN FOR EACH CRANE. ANY CHANGES IN THE CONFIGURIAOTN OF THE CRANE, PLACMENT, RIGGING, IFTING SCHEME, ETC., OR CHANGES IN ANY CALUCAITONS REQUIRE THAT A NEW LIFT PLAN BE DEVELOPED.

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

	YES	NO
1. MATTING ACCEPTABLE	<input type="checkbox"/>	<input type="checkbox"/>
2. OUTRIGGERS FULL EXTENDED	<input type="checkbox"/>	<input type="checkbox"/>
3. CRANE IN GOOD CONDITION	<input type="checkbox"/>	<input type="checkbox"/>
4. SWING ROOM	<input type="checkbox"/>	<input type="checkbox"/>
5. HEAD ROOM CHECKED	<input type="checkbox"/>	<input type="checkbox"/>
6. MAX COUNTERWEIGHTS USED	<input type="checkbox"/>	<input type="checkbox"/>
7. TAG LINE USED	<input type="checkbox"/>	<input type="checkbox"/>
8. EXPERIENCED OPERATOR	<input type="checkbox"/>	<input type="checkbox"/>
9. EXPERIENCED FLAGMAN (DESIGNATED)	<input type="checkbox"/>	<input type="checkbox"/>
10. EXPERIENCED RIGGER	<input type="checkbox"/>	<input type="checkbox"/>
11. LOAD CHART IN CRANE	<input type="checkbox"/>	<input type="checkbox"/>
12. WIND CONDITIONS _____		
13. CRANE INSPECTED BY _____		
14. FUNCTIONAL TEST OF CRANE BY _____		

DATE

Signature of Task Supervisor

DATE

Signature Plan Checked by Rigging Supervisor