

***Lifting Plan***

*(Over 5,000lb)*

**Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Lift: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Load Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Life Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**A. Weight E. Sizing of Slings**

1. Equipment Condition: New Used 1. Sling Selection:

2. Weight Empty: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ lbs. A. Type of Arrangement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Wt. of Headache Ball: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ lbs. B. Number of Slings in Hookup: \_\_\_\_\_\_\_\_\_\_\_\_

4. Wt. of Block: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ lbs. C. Sling Size: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Wt. of Lifting Bar: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ lbs. D. Sling Length: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Wt. of Slings & Shackles: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ lbs. E. Rated Capacity of Sling: \_\_\_\_\_\_\_\_\_\_\_\_\_ lbs.

7. Weight of Jib: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ lbs.

Stored Erect 2. Shackle Selection

8. Wt. of Headache Ball on Jib: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ lbs. A. Pin Diameter (Inches): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. Wt. of Cable (LOAD Fall): \_\_\_\_\_\_\_\_\_\_\_\_\_\_ lbs. B. Capacity (Tons): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. Allowance for Unaccounted C. Shackle Attached to Load By: \_\_\_\_\_\_\_\_\_\_\_

Material in Equipment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ lbs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ lbs. D. Number of Shackles: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Source of Load Weight:

**F. Crane:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** 1. Type of Crane: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Name Plate, Drawings, Spec Sheets, Calculated, Etc.)* 2. Crane Lift Capacity (Tons): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Lifting Agreement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**B. Jib**  A. Maximum Distance – Center of Load to

Erected Stored Center Pin of Crane: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. If jib is to be used: B. Length of Boom: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Length of Usable Jib: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ C. Angle of Boom at Pickup: \_\_\_\_\_\_\_\_\_\_\_deg.
3. Angle of Jib: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ deg. D. Angle of Boom at Set: \_\_\_\_\_\_\_\_\_\_\_\_\_\_deg.
4. Rated Capacity of Jib (from Chart): \_\_\_\_\_\_\_\_\_\_\_ lbs. E. Rated Capacity of Crane Under Severest

Lifting Conditions (From Chart):

**C. Crane Placement** 1. Over Rear: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_lbs.

1. Any deviation from smooth solid foundation in the area? 2. Over Front: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_lbs.

3. Over Side: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_lbs.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4. From Chart – Rated Capacity for this lift:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_lbs.

2. Any Electrical Hazards in the Area?

5. Max. Load on Crane: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_lbs.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Lift is \_\_\_\_\_\_\_% of Crane’s Rated Lift Capacity

1. Obstacles or Obstructions to Lift or Swing? **G. Pre-Lift Checklist**
2. Matting Acceptable Yes No

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** 2. Outriggers Fully Extended Yes No

3. Crane in Good Condition Yes No

1. Swing Direction and Degree (Boom Swing) 4. Swing Room Yes No

5. Head Room Checked Yes No

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 6. Max Counterweights Used Yes No

7. Tag Line Used Yes No

**D. Cable** 8. Experienced Operator Yes No

1. Number or Parts of Cable: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 9. Experienced Flagman Yes No

2. Size of Cable: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 10. Experienced Rigger Yes No

11. Load Chart in Crane Yes No

Special Instructions or Restrictions for Crane, Rigging, Lift, Etc. 12. Wind Conditions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

13. Crane Inspected by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 14. Functionality Tested 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 calculations require that a new lift plan be developed.

X X

Signature of Task Supervisor Date Signature Plan Check by Rigging Supervisor Date