|  |
| --- |
| **1 General** |
| Project |  |
| Location of lifting operation |  |
| Sub-Contractor carrying out the lifting operation | 🞏N / A | Date / Time of lifting operation |  |
| Validity period of lifting operation |  |
| **2 Details Of The Load/S** |
| Description of load/s |  |
| Overall dimensions of the load/s |  |
| Weight of load | Lbs./Tons | 🞏Known Weight 🞏Estimated Weight |
| Center of gravity | 🞏 Obvious 🞏 Estimated 🞏 Determined by drawing |
| **3 Details Of The Lifting Equipment** |
| Type of lifting equipment |  |
| Max SWL as certified on LM cert |  | Date of last certification |  |
| Max boom / jib length | Ft. | Fly / Jib offset |  |
| Intended load radius |  | SWL at this radius |  |
| Type of lifting gear |  |
| Combined weight of lifting gear | Lbs. / Tons | Certification of lifting gear | 🞏Yes 🞏No |
| **4 Means of Communications** |
| Can the operator see the loading and unloading point for the load from his/her position?🞏 Yes 🞏 No |
| What are the means of communication between the crew?🞏 Standard hand signals 🞏 Radio 🞏 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **5 Personnel Involved In Crane Activity** |
| Position | Name | Qualification / Experience |
| Site Supervisor |  |  |
| Lifting Director |  |  |
| Lift Equipment Operator |  |  |
| Rigger |  |  |
| Signal Person |  |  |
| Others / Please State |  |  |
| **6 Physical and Environmental Considerations** |
| Ground Conditions | Is the ground made safe? | 🞏Yes 🞏No |
| Are outriggers evenly extended? | 🞏Yes 🞏No |
| Obstacles | Are there any overhead obstacles such as power lines? | 🞏Yes 🞏No |
| Are there nearby buildings or structures, equipment or stacked materials that may obstruct the lifting operation from being carried out safely? | 🞏Yes 🞏No |
| Lighting | Is lighting adequate? | 🞏Yes 🞏No |
| Demarcation | Has the zone of operation been barricaded to prevent unauthorized access? | 🞏Yes 🞏No |
| Environment | Do not proceed with the lifting operation under the following circumstances🞏 Thunderstorm and lightning strikes in the area.🞏 Strong winds that may sway the suspended load.🞏 Other circumstances (Please Specify) |
| **7 Sequence / Special Precautions** | **8 Sketch of the zone of operation** |
|  |  |
| **9 Signatures** |  |  |
| Applied for by: | Signature | Date:Time: |
| Lift Director: | Signature | DateTime |
| Prepared by: | Signature | Date:Time: |
| Assessed by: | Signature | Date:Time: |
| Approved by: | Signature | Date:Time: |