|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 | | | | | Date  Time | | | |
| Prepared by: | | | | | | Signature | | | | | Date:  Time: | | | |
| Assessed by: | | | | | | Signature | | | | | Date:  Time: | | | |
| Approved by: | | | | | | Signature | | | | | Date:  Time: | | | |