



Crane Lift Site Supervisor Checklist

Yes No **Designated Site Supervisor Name:** _____

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Crane meets initial requirements |
| <input type="checkbox"/> | <input type="checkbox"/> | Assembly and disassembly supervised by qualified personnel |
| <input type="checkbox"/> | <input type="checkbox"/> | Lift Director is appointed and qualified |
| <input type="checkbox"/> | <input type="checkbox"/> | Rigging crew is supervised by qualified personnel. |
| <input type="checkbox"/> | <input type="checkbox"/> | Crane operations are coordinated with other job site activities |
| <input type="checkbox"/> | <input type="checkbox"/> | Permitting for Critical Lifts |
| <input type="checkbox"/> | <input type="checkbox"/> | Maintenance is performed |
| <input type="checkbox"/> | <input type="checkbox"/> | Access roads are adequate. |
| <input type="checkbox"/> | <input type="checkbox"/> | Sufficient room to assemble and disassemble |
| <input type="checkbox"/> | <input type="checkbox"/> | Work area is suitable for crane operations and adverse conditions addressed (area is level free of underground utilities, proper distance from power lines traffic controls etc.) |

Designated Lift Director Name: _____

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Qualified and present during operations |
| <input type="checkbox"/> | <input type="checkbox"/> | Work area is suitable for crane operations and adverse conditions addressed (area is level free of underground utilities. Proper distance from power lines, traffic controls etc.) |
| <input type="checkbox"/> | <input type="checkbox"/> | Traffic controls in place |
| <input type="checkbox"/> | <input type="checkbox"/> | Personnel involved in operations understand duties and hazards |
| <input type="checkbox"/> | <input type="checkbox"/> | Crane crew informed of weight, radius, and placement of loads. |
| <input type="checkbox"/> | <input type="checkbox"/> | Load is properly rigged and balanced before lifting more than a few inches |

Designated Signal Person Names: _____

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Signal person qualified and conveyed to crane crew. |
| <input type="checkbox"/> | <input type="checkbox"/> | Signal person knows standard hand and voice signals. |

Designated Rigging Crew Names: _____

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Rigging crew qualified and understand basic crane functions |
| <input type="checkbox"/> | <input type="checkbox"/> | Rigging crew conveyed to crane crew |
| <input type="checkbox"/> | <input type="checkbox"/> | Rigging crew knows load placement, weight, and rigging to be used |
| <input type="checkbox"/> | <input type="checkbox"/> | Rigging crew supervised by qualified personnel. |

Crane-Certification and Documentation

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Crane Certifications (annual, quadrennial, tags) by certified inspector |
| <input type="checkbox"/> | <input type="checkbox"/> | Crane Operators Manual (containing load charts, diagrams, different configurations, by serial number) |
| <input type="checkbox"/> | <input type="checkbox"/> | Crane Maintenance Program (inspection, testing, using qualified technicians) |

Crane Operator Names: _____

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Valid NCCCO. |
| <input type="checkbox"/> | <input type="checkbox"/> | Operator qualified to operate type of crane |
| <input type="checkbox"/> | <input type="checkbox"/> | Know crane functions and limitations, load charts, weight, radius and location of loads. |
| <input type="checkbox"/> | <input type="checkbox"/> | Calculating net capacity and verifying that the crane will safely lift the load. |
| <input type="checkbox"/> | <input type="checkbox"/> | Review requirements and hazards with Lift Director prior to operations. |
| <input type="checkbox"/> | <input type="checkbox"/> | Perform maintenance and daily Inspections. |
| <input type="checkbox"/> | <input type="checkbox"/> | Operator notified of repairs prior to operating. |
| <input type="checkbox"/> | <input type="checkbox"/> | Halt work in unsafe conditions |

By signing the above I certify that I have the necessary qualifications to perform the duties that I have been assigned. I also understand my duties and responsibilities, and that the above is not all encompassing.

Site Supervisor Signature: _____ Lift Director Signature _____

Rigging Supervisor Signature _____ Signal Person Signature _____

Operator Signatures _____

Date this form completed: _____ Lift Operation Period _____ To _____
Start Date End Date