
FORM EXPLANATION AND INFORMATION

PURPOSE/PROCEDURE:

- This form serves to assist in determining if hoisting operations include critical lifts. Critical lifts are defined as any of the following:
 - Multiple cranes are used to make the lift;
 - The load exceeds 75% of the crane's load chart capacity (at the specific boom angle and radius);
 - High risk activities (i.e. over occupied spaces or roadways, long lead items);
 - Aircraft picks;
 - Hoisting Personnel.
- The worksheet provides an agenda for the required meeting to discuss the specific lifting procedures.
- The form should be completed by the contractor using the crane and the crane supplier. Include load charts, weight information, rigging information, etc. with critical lift form.
- The completed form is to be stored in the weekly safety file.
- Any questions related to this procedure should be directed to Power's Safety Department.



CRITICAL LIFT PLANNING WORKSHEET

PROJECT: _____ SUBCONTRACTOR: _____

COMPETENT PERSON: _____ QUALIFIED RIGGER: _____

IS OPERATING ENGINEER CITY OF CHICAGO CERTIFIED? YES NO N/A

IF MULTIPLE CRANES ARE REQUIRED FOR THE LIFT, A SEPARATE WORKSHEET IS REQUIRED FOR EACH CRANE.

CRANE INFORMATION

CRANE OWNER/SUPPLIER: _____

ANNUAL CERTIFICATION DATE: _____

BOOM TYPE: TELESCOPING BOOM LATTICE BOOM

CRANE BASE: ON RUBBER TIRE OUTRIGGERS CRAWLER AIRCRAFT

BOOM LENGTH: _____

JIB LENGTH: _____

COUNTERWEIGHT: _____

ACTUAL PICK RADIUS: _____ CHART RADIUS: _____

CAPACITY OF CONFIGURATION AT RADIUS: _____

LOAD DATA & RIGGING

WHAT IS BEING HOISTED?
(TYPE OF MATERIAL/PRODUCT) _____

HOW WILL THE LOAD BE HOISTED?
(RIGGING CONFIGURATION) _____

WILL ENGINEERED PICK POINTS BE UTILIZED? YES NO

WHAT TYPE(S) OF RIGGING IS NEEDED? _____

WHO IS PROVIDING THE RIGGING? _____

HAS THE RIGGING BEEN INSPECTED? YES NO

TAG LINES UTILIZED (IF NOT, WHY) YES NO

WEIGHT OF LOAD: _____

RIGGING WEIGHT: _____

BLOCK & LINE WEIGHT: _____

TOTAL LOAD WEIGHT:
(RIGGING + BLOCK & LINE +LOAD WEIGHT) _____

IS LOAD GREATER THAN 75% OF CHART?
(TOTAL LOAD WEIGHT/CAPACITY AT RADIUS) YES NO



CRITICAL LIFT PLANNING WORKSHEET

COMMUNICATIONS & FALL PROTECTION

WHAT TYPE OF COMMUNICATIONS WILL BE USED? HAND SIGNALS HARD LINE 2 WAY RADIO OTHER: _____

HAND SIGNALS MUST BE POSTED / CELL PHONES ARE NOT APPROVED METHOD

IDENTIFY SIGNAL PERSON: _____

IS FALL PROTECTION REQUIRED FOR SIGNALPERSON? YES NO IF YES, WHAT METHODS WILL BE UTILIZED? _____

SITE CONSTRAINTS & SOIL CONDITIONS

ARE OVERHEAD POWER LINES / OBSTRUCTIONS PRESENT: YES NO IF YES, IDENTIFY LOCATIONS: _____

PRECAUTIONS FOR OVERHEAD POWERLINES/OBSTRUCTIONS: _____

PRECAUTIONS FOR OVERHEAD PROTECTION; PROTECTION OF OCCUPIED SPACES AND PEDESTRIANS: YES NO IF YES, WHAT IS PLAN: _____

GROUND CONDITIONS: ACCEPTABLE NOT ACCEPTABLE

EXPLAIN REQUIRED ACTION TO CORRECT: _____

OUTRIGGER PLACEMENT (ATTACH LOAD CHART): FULL EXTENSION HALF EXTENSION OTHER

IS THE CRANE RATED FOR THIS CONFIGURATION? YES NO

WILL OUTRIGGERS BE PLACED ON/NEAR SHORING OR OPEN EXCAVATION? YES NO

IF YES, IS THE SHORING DESIGNED TO HANDLE THE IMPOSED LOAD: YES NO UNKNOWN (IF NO OR UNKNOWN, CONTACT ENGINEER)

WILL THE OUTRIGGERS BE PLACED ON, OVER, OR NEARLY OVER THE TOP OF UNDERGROUND UTILITIES: YES NO

IF YES, WHAT PRECAUTIONS WILL BE TAKEN: _____

IS LIFT BEING MADE BY AIRCRAFT? YES NO (IF YES, REFER TO AIRCRAFT PICK INSURANCE REQUIREMENTS FORM)

SUBMITTAL

SUBMITTED BY: _____

REVIEWED BY (POWER REPRESENTATIVE): _____

DATE: _____

**THIS FORM DOES NOT REPLACE POWER'S MOBILE CRANE CHECKLIST
A SEPARATE MCCL NEEDS TO BE COMPLETED WHEN THE CRANE ARRIVES ON SITE**