

<p>Situation Name: _____</p> <p>Rigging Task: _____</p> <p>Weather Conditions: _____</p>	<p>Date and Time of Lift: _____</p> <p>Task Force Name: _____</p> <p>Task Force Leader: _____</p>
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<p>Load Description: _____</p> <p>Load Weight: _____</p> <p>Block Weight: _____</p> <p>Rigging Weight: _____</p> <p>Jib Weight: _____</p> <p>Jib Ball Weight: _____</p> <p>Hoist Line Weight: _____</p> <p>Other Weight: _____</p> <p>Total Weight: _____</p>	<p>Crane Operator: _____</p> <p>Crane Make & Model: _____</p> <p>Crane Serial No: _____</p> <p>Boom Length: _____</p> <p>Jib Length: _____</p> <p>Jib Position: _____</p> <p style="padding-left: 40px;"><input type="checkbox"/> Stowed <input type="checkbox"/> Retracted <input type="checkbox"/> Offset at _____</p> <p>Size of Counterweights Installed: _____</p> <p>Front Outrigger Installed: Yes No</p>
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<p>Lift will be On: <input type="checkbox"/> On Main Block <input type="checkbox"/> On Jib</p>	<p>Setup On: <input type="checkbox"/> Crawlers <input type="checkbox"/> Outriggers <input type="checkbox"/> Tires</p> <p style="padding-left: 40px;"><input type="checkbox"/> Extended <input type="checkbox"/> Retracted <input type="checkbox"/> Other</p>
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<p>Max. Intended Working Radius</p> <p>Over Rear: _____</p> <p>Over Side: _____</p> <p>Over Front: _____</p>	<p>Boom Angle:</p> <p>Over Rear: _____</p> <p>Over Side: _____</p> <p>Over Front: _____</p>	<p>Rated Capacity:</p> <p>Over Rear: _____</p> <p>Over Side: _____</p> <p>Over Front: _____</p>	<p>Percent of Capacity : <small>(Total Load / Rated Capacity)</small></p> <p>Over Rear: _____</p> <p>Over Side: _____</p> <p>Over Front: _____</p>
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Hazards: Electrical Fire Underground Other _____ **Are Crane Mats, Blocking Req'd:** _____

SKETCH

Situation Name: _____	Crane Size & Type: _____	NOTE: *Outrigger Supports - Pads, Cribbing, Soil, etc Under Outriggers Must be Inspected Every 12 hrs and/or After Every Aftershock, etc.
HERS Name: _____	Crane Supplier: _____	
RTM Name: _____	Operator Name: _____	
Task Force: _____	Oiler/Rigger Name: _____	

ITEMS TO INSPECT	Insp. Date:			Insp. Date:			Insp. Date:			Insp. Date:			Insp. Date:			
	Separate sht for each Crane	OK	Repair	Comment	OK	Repair	Comment	OK	Repair	Comment	OK	Repair	Comment	OK	Repair	Comment
Crane Certification																
Load Chart																
Is Crane setup per Chart																
Load Indicator																
Boom Angle Indicator																
Outriggers																
Outrigger Supports*																
Oil Level																
Radiator Coolant																
Hydraulic Fluids																
Horn																
Mirrors																
Lights																
Tires																
Steering																
Hydro Controls																
Hydro Cylinders																
Electric System																
Swing																
Hoists																
Wire Rope																
Hook & Blocks																
Clutches																
Brakes																
Fire Extingusher																
Air System (if applicable)																
Other:																

Comments: _____

Follow OSHA 29 CFR part 1926 CFR Crane or Derrick Suspended Personnel Platforms. HERS must be responsible for Safety of the Operation

<p>Situation Name: _____</p> <p>HERS Name: _____</p> <p>RTM Name: _____</p> <p>Task Force: _____</p>	<p>Crane Operator _____</p> <p>Crane Co. Supervisor _____</p> <p>Platform Capacity _____</p> <p>Time Operation Start _____ Time Stop _____</p>
<p>PRIOR to LIFT, CHECK THE FOLLOWING:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Crane has a functioning Two-Block Device <input type="checkbox"/> Hoist Rope for Kinks <input type="checkbox"/> Multiple Part Line shall not be twisted around each other <input type="checkbox"/> Hoisting shall be inspected if rope is slack to ensure all ropes are properly stored on drums and in sheaves <input type="checkbox"/> General Structural integrity, welds intact & no broken or damaged parts <input type="checkbox"/> Rating Plate in place and readable <input type="checkbox"/> Guardrail system intact & toe board in place <input type="checkbox"/> Primary attachment is centered in place <input type="checkbox"/> Safety pigtail line in place <input type="checkbox"/> Connections made w/ rated shackles <input type="checkbox"/> Master link in place & thimbles on all eyes <input type="checkbox"/> Access gate operating properly and equipped with a restraining system to prevent accidental opening <input type="checkbox"/> Load in platform - tools, equipment & personnel are balanced and secure <input type="checkbox"/> Hook to which platform is attached can be closed and locked <input type="checkbox"/> Fall protection system consisting of body belt/harness system with lanyard appropriately attached to lower load block, overhaul ball, or structural member capable of supporting the fall impact of all lifted personnel using the anchorage <input type="checkbox"/> No other lifts shall be done by crane while using platform <input type="checkbox"/> Before personnel enter or exit the platform, it shall be stabilized <input type="checkbox"/> Hoisting shall be performed in a slow, controlled, and cautious manner <input type="checkbox"/> Crane shall be leveled within 1% of grade and shall be located on firm footing <input type="checkbox"/> Visual inspection of crane, rigging, personnel platform, and the crane support base shall be conducted by a competent person immediately after the trail lift to determine if the test has exposed any defects in any component or structure. Any defects that are found which create a safety hazard shall be corrected before hoisting personnel 	<p>Conduct a pre-lift meeting just prior to platform use with the following participants:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Crane Operator <input type="checkbox"/> Signal person <input type="checkbox"/> Persons to be Lifted <input type="checkbox"/> HERS responsible for planned operation <p>The Following will be discussed:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Inspections of Platform & Crane <input type="checkbox"/> Qualifications of Crane Operator <input type="checkbox"/> Time length of operation <input type="checkbox"/> Types of Operations to be performed <input type="checkbox"/> Number of persons to be lifted <p>Rules for Conducting Trail Lift</p> <p>A Trail Lift shall be performed just prior to lifting personnel. This shall be supervised by the responsible Crane Co employee and the HERS. The Trail Lift shall be repeated every time the Crane is moved, or a new work area is accessed</p> <ul style="list-style-type: none"> <input type="checkbox"/> Platform shall be Proof Tested at 125% of Rated Capacity, and held in suspension for five minutes in the location the work is to be performed <input type="checkbox"/> Documentation of the Proof Test, Platform/Crane Inspection, and Pre-hoist Meeting shall be recorded by use of this Check List <p>Proof Test, time & weights _____</p> <p>Weight of personnel & equip. _____</p> <p>Tasks to be performed _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Notes: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>