



Crane Critical Lift Plan

General Information

Project Name: _____ Address: _____

City _____ State: _____ ZIP: _____

Date Plan Completed: _____ Schedule Date of Lift: _____

Chubb Risk Engineer: _____

Personal

Project Manager: _____ Crane Operator(s) _____

Crane Operator Certifications (certifications, qualifications, exp. dates)

Rigger(s) _____

Rigger Certifications (certifications, qualifications, exp. dates) _____

Signal Person(s) _____

Signal Person Certifications (certifications, qualifications, exp. dates)

Lift Superintendent _____

Hoisting Personnel _____

Critical Lift Criteria	Choose One		
Load exceeds 75% of load chart for crane or derrick	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
Two or more cranes required to perform the lift	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
Lift involves hoisting personnel	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
Lift is near power lines	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
Lift is on barges located in waterways	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
Lift is over active rail road lines	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
Lift adjacent too or over occupied structures	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
Extremely expensive or long lead item being lifted	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
Lift involves hazardous material	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
Loads Center of Gravity is determined	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a

Other - *specify* _____

Description of Object To Be Hoisted _____

Weight of object to be hoisted _____

Certified Scale Weight _____

Copy of Mfr. Invoice Documenting Weight of Item Attached	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
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Description & Weight of All Rigging Equipment & Crane Attachment Deductions From Load Chart

Item _____ Weight of item _____

Item _____ Weight of item _____

Item _____ Weight of item _____

Total weight of Load - (Object, Rigging and Load Chart Deductions) _____

Crane Information

Crane#1 Mfr. _____ Model _____ Capacity _____

Crane#1 Mfr. _____ Model _____ Capacity _____

Boom Length Crane#1 _____ Crane#2 _____

Max. Operating Radius Crane#1 _____ Crane#2 _____

Planned Operating Radius Crane#1 _____ Crane#2 _____

Allowable Load (based on load chart) Crane#1 _____ Crane#2 _____

Ratio of Lift To Allowable Load Crane#1 _____ Crane#2 _____

Has Crane Been Inspected and Approved By Qualified Person Crane#1 _____ Crane#2 _____

There is a Clear Route for Person Crane Travel _____

All Lifting Equipment and Rigging Has Been Properly Selected, Inspected & Approved For the Lift _____

Describe Means of Communication b/t Operator(s) and Lift Personnel

Site Conditions

Soil Bearing Capacity _____ Referenced Source _____

Are Mats Required _____ Size and Number _____

Will Subsurface Utilities or Obstructions Be Encountered _____

If Yes, provide detail

Are Overhead Power Lines In The Area _____

If Yes, provide detail

Degree of Level Crane#1 _____ Crane#2 _____

Wind Speeds At Time of Lift _____

Weather Conditions At Time of Lift _____

Obstructions Impacting Swing or Lift _____

Lift Completed In Day Time or Night Time _____

Special Conditions That Lift Personnel Need To Be Aware Of _____

Approvals

Crane Inspection _____

Rigging Inspector _____

Master Rigger _____

Lift Superintendent _____

Crane Operator(s) _____

Signal Person(s) _____

Final Lift Plan Approval

Project Manager _____ Date _____

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