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| **C:\Users\power\Desktop\charts\easy logo.jpg**  **CHECKLIST FOR LIFTING PLAN**  **PROJECT TITLE** | | |
| **Auditor Name:** | **Department:** | **Date:** |
| **Work Location:** | | |
| **Equipment to be lifted:** | | |
| **Lifting Plan Task:** | | |

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| **S/N** | **Items** | **YES** | **NO** | **Remarks** |
| **Lifting team and lifting machine** | | | | |
| 1 | Has a competent Lifting Team been identified? (Certifications and/or training records) |  |  |  |
| 2 | Is the exact weight of the load (including rigging and all components) specified? |  |  |  |
| 3 | Is the crane suitable for the identified lift(s) in terms of correct rated capacity and Safe Working Load (SWL)? |  |  |  |
| 4 | Has the maximum load limits for the lift(s) been specified according to manufacturer’s recommendation? |  |  |  |
| 5 | Has the load chart been provided to verify boom angle, load radius and lifting capacity for each lift? |  |  |  |
| 6 | Is the Lifting Machine (LM) certificate for the crane valid? |  |  |  |
| **Drawings / Sketches** | | | | |
| 7 | Are drawings / sketches with standard unit of measurement provided for the following? | | | |
| (a) Crane position in relation to any nearby streets or structures |  |  |  |
| (b) Location of all nearby utilities both underground and overhead |  |  |  |
| (c) Height of the lift to be accomplished |  |  |  |
| (d) Load radius from center pin of crane to center of the hook at load pick up (start) point |  |  |  |
| (e) Load radius from center pin of crane to center of the hook at load set (end) point |  |  |  |
| (f) Boom length and angle for the lift(s) |  |  |  |
| **Rigging** | | | | |
| 8 | Are the full sling details (include SWL and Factor of Safety) checked? |  |  |  |
| 9 | Is lifting gear certificate for selected rigging valid? |  |  |  |
| 10 | Is spreader type, length and SWL suitable for the lift? |  |  |  |
| 11 | Are shackles size, type and SWL suitable for the lift? |  |  |  |
| 12 | Sketch of rigging method provided? |  |  |  |
| **Operations** | | | | |
| 13 | Are working and collapse zones of the crane within the site boundaries? |  |  |  |
| 15 | Has the limiting wind speeds for operation been considered? |  |  |  |
| 16 | Has the proximity to overhead structure(s) been considered? |  |  |  |
| 17 | Has the access to lifting location been verified to be suitable? |  |  |  |
| 18 | Are excavations activities near lifting operations been considered? |  |  |  |
| 19 | Has the effect of wind on crane been considered? |  |  |  |
| 20 | Has the effect of wind on load been considered? |  |  |  |
| 21 | Have overall ground conditions been verified? |  |  |  |
| 22 | Has visibility (such as due to haze) been considered? |  |  |  |

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| **Lifting Engineer Name:** |  |
| **Signature:** |  |