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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:** |  |