



hazard analysis must be completed before conducting the lift.

Lifting Plan: (insert project title)

The lift plan template must be filled out completely by qualified personnel and approved before starting work and conducting the lift.

Prepared by	Click or tap here to enter text.	Company	Click or tap here to enter text.
Describe steps to conduct the lift	Click or tap here to enter text.		
Communication method			
Blind lift	Yes <input type="checkbox"/> No <input type="checkbox"/>		
If YES, describe mitigations/safeguards	Click or tap here to enter text.		

Crane Information

Manufacturer and model: Click or tap here to enter text.		Load capacity: Click or tap here to enter text.	
Manufacturer: Click or tap here to enter text.			
Serial Number: : Click or tap here to enter text.			
Main boom length:	#	Max working radius:	#
Jib length:	#	Boom angle:	#
Amount of counterweight:	#	Max allowable wind speed:	
Other restrictions:	Click or tap here to enter text.		
Outrigger spread	<input type="checkbox"/> Full	<input type="checkbox"/> Partial	# % NOTE: Partial spread must be manufacturer approved.
Lifts will be over (<i>check all that apply</i>):	<input type="checkbox"/> Right side	<input type="checkbox"/> Left side	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 360 Deg.

Load Calculation

Description	N/A	Enter weight	Enter unit lb or kg	Enter descriptive text.			
Load weight:	<input type="checkbox"/>	#	enter text.	Click or tap here to enter text.			
Appropriate allowance %:	<input type="checkbox"/>	#	enter text.	% of load weight to allow for unknowns.			
Jib/Boom Extension – Stowed:	<input type="checkbox"/>	#	enter text.	Click or tap here to enter text.			
Jib/Boom Extension – Erected:	<input type="checkbox"/>	#	enter text.	Click or tap here to enter text.			
Load Block/Hook:	<input type="checkbox"/>	#	enter text.	Click or tap here to enter text.			
Overhaul Ball/Hook:	<input type="checkbox"/>	#	enter text.	Click or tap here to enter text.			
Load Line Cable:	<input type="checkbox"/>	#	enter text.	enter text.	ft/lb. x	enter	ft/lb
Whip Line Cable:	<input type="checkbox"/>	#	enter text.	enter text.	ft/lb. x	enter	ft/lb
Rigging Equipment/Devices:	<input type="checkbox"/>	#	enter text.	Click or tap here to enter text.			
Other: Click or tap here to enter text.	<input type="checkbox"/>	#	enter text.	Click or tap here to enter text.			

Hoisting Personnel (*complete below*):

Personnel Platform	<input type="checkbox"/>	#	enter text.	Click or tap here to enter text.
Personnel Platform – Maximum Capacity	<input type="checkbox"/>	#	enter text.	Click or tap here to enter text.
Other: Click or tap here to enter text.	<input type="checkbox"/>	#	enter text.	Click or tap here to enter text.
Total load weight to be lifted:		#	enter text.	Click or tap here to enter text.



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Percentage of crane load capacity:

_____ Total load weight
_____ Crane capacity (*as configured*)
_____ Percentage of crane load capacity (*cannot exceed 50% during personnel hoist*)

Describe All Rigging Equipment

Type	Quantity	Diameter	Length	SWL
#	#	#	#	#
#	#	#	#	#
#	#	#	#	#
#	#	#	#	#
#	#	#	#	#
#	#	#	#	#
#	#	#	#	#
#	#	#	#	#

Special Instructions

Click or tap here to enter text.

Ground Condition

Surface:	<input type="checkbox"/> Concrete/Pavement	<input type="checkbox"/> Compacted fill/rock	<input type="checkbox"/> Outlying/Uncompacted
Underground hazards:	<input type="checkbox"/> Known	<input type="checkbox"/> Unknown	Have underground drawing: <input type="checkbox"/> Yes <input type="checkbox"/> No
Void inspection:	<input type="checkbox"/> Ground pen radar	<input type="checkbox"/> Probing	<input type="checkbox"/> Visual by competent/qualified person
Matting:	Width #	Length #	Thickness # Material: <i>Click or tap here to enter text.</i>
Max OR pad load: # meas.	Ground bearing pressure beneath matting: # meas.		

Emergency Plans

Click or tap here to enter text.



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Attachments	Required	Additional documents
Drawings:	Elevation <input type="checkbox"/> Plan views <input type="checkbox"/> Drawing of rigging arrangement <input type="checkbox"/>	Underground drawings (High & Critical lifts) <input type="checkbox"/>
Documents	Load chart <input type="checkbox"/> Crane certification <input type="checkbox"/> Personnel training records (validate on the day of lift) <input type="checkbox"/>	Void inspection (High & Critical lifts) <input type="checkbox"/> Personnel basket (Critical lifts) <input type="checkbox"/> Rigging inspection (High & Critical lifts) <input type="checkbox"/> GBP calculations (High & Critical lifts) <input type="checkbox"/>

Important Notes:

- Additional documents other than the listed above may be defined by a lifting and rigging SME or local standard.
- Drawing of rigging arrangement must include but not limited to the following:
 - Weight and measurements of the load to be lifted
 - rigging configuration and lifting points to be rigged on the load
 - Center of Gravity (COG) of the load
- Elevation drawing must include but not limited to the following:
 - diagram of the boom length, lift radius and measurement of the load to be lifted
 - height of the highest obstacles within the load path
- Plan view drawing must include but not limited to the following:
 - Pick up zone, load path and set down zone during the planned lift on a plot plan of the area
 - Identification of any constraints (live process area, energized electrical lines, etc.) within the load path
 - Identification of Red Zone and erection of barriers to prevent entry

Review and Approval				
Title	Name	Company	Date	Signature
Lift planner:	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	
Person in-charge: (Crane Supervisor/Site Supervisor/Lifting Supervisor)	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	
Lifting and rigging SME: (Lifting Supervisor/HSE/ Engineer)	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	
Facility leadership: (Ops Manager/Hub Manager/Ops Supervisor)	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	
Additional detail information to be completed for Critical (Category 3) consequence lift				
Title	Name	Company	Date	Signature
Crane Operator:	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	
Rigger/Slinger:	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	
Signal Person:	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	
Site Lifting Competent Person: (locally assigned competent person)	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	
Approved Competent Person: (Engineer, Lifting SME, BU Appointed Lifting Authority)	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	