

Crane Lift Plan

1. Lift Plan Responsible Persons				
Project Name:		Date of Lift:	Lift Location:	
Subcontractor's Name:				
Contact Name:	Contact Number:	Rigger ID:	Signal Person ID:	
Crane Company's Name:				
Contact Name:	Contact Number:	Operator ID:	A/D Supervisor ID:	
2. Crane Information				
Make:	Model:	S/N:	Capacity (tons):	
Date Manufactured:	Does lift involve (if any box is checked, lift is critical)?	<input type="checkbox"/> ≥75% chart capacity <input type="checkbox"/> Dual crane <input type="checkbox"/> Personnel basket	<input type="checkbox"/> Two hooks <input type="checkbox"/> Traveling with Load <input type="checkbox"/> Other (refer scope)	<input type="checkbox"/> Over public space <input type="checkbox"/> Tripping load
Carrier Information	Boom Information		Jib Information	
<input type="checkbox"/> Truck <input type="checkbox"/> Rough Terrain <input type="checkbox"/> All Terrain <input type="checkbox"/> Crawler Block <input type="checkbox"/> Other	<input type="checkbox"/> Telescoping <input type="checkbox"/> Lattice	Jib deployed?	<input type="checkbox"/> No <input type="checkbox"/> Yes – is it	<input type="checkbox"/> Fixed or <input type="checkbox"/> Luffing
	Block capacity (tons)	Block capacity (tons)	Offset: °	
	# of Parts Line:	# of Parts Line:	Boom and Jib - Combined Length (ft):	
	Line Pull (lbs)	Line Pull (lbs):		
	Working Boom Length (ft):	Jib length (ft):		
Power Line Encroachment Review		FAA Permit Review		
Max working radius (ft):	plus ½ length of load (ft):	Max working boom tip elevation (as assembled) in ft:		
Will max working radius (plus ½ length of load) be within 20' of an overhead power line?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Will max vertical boom elevation exceed 200' above existing site elevation?		<input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, provide power line voltage:		If yes, provide FAA permit no.:		
If yes, provide power line safety JHA - see OSHA subpart CC				
Outrigger Configuration / Distributed Load				
<input type="checkbox"/> Fully Extended <input type="checkbox"/> Intermediate	<input type="checkbox"/> Fully Retracted <input type="checkbox"/> Rubber (PSI)?	Crane cribbing dimensions?		
		Distributed Ground Bearing Pressure (PSF)?		
Crane Condition				
Was crane idle >3 months since annual inspection?	Is crane a lattice boom?	Note regarding 3 rd party inspection: If crane has been idle for longer than 3 months since last 3 rd party annual inspection (inspection), or if crane being A/D is a lattice boom a new inspection certification and report must be provided post A/D. Exception: hydraulic crane with stowed jib that was included in the current annual 3 rd party inspection. Inspector must be certified with CCAA (www.CCAAweb.net).		
<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes			
3. Itemization of Crane Chart and Load Deductions				
Weight of Heaviest Load (lbs):		Comment:		
Rigging (lbs):		Comment:		
Jib (lbs):		Comment:		
Jib Hook (lbs):		Comment:		
Hook Block (lbs):		Comment:		
Load Line (lbs):		Comment:		
Other (lbs):		Comment:		
Gross Deductions (lbs):		Comment:		
4. Lift Summary				
Max Working Radius	Boom Angle	Gross Deductions	Chart Capacity	% of Capacity <small>(Gross Deductions / Chart Capacity)</small>

5. Load Characteristics	
Will this crane lift plan cover multiple picks?	<input type="checkbox"/> No <input type="checkbox"/> Yes - explain:
Description of load(s) creating highest % of capacity (i.e. worst case load):	
Dimensions of load(s) creating highest % of capacity (height x width x length): <input type="checkbox"/> Other dimensions, as follows:	
Weight of load creating highest % of capacity (lbs)? <input type="checkbox"/> Calculation provided with rigging diagram <input type="checkbox"/> Manufacturer product data sheet provided	
How will the Center of Gravity (COG) of the load be determined? <input type="checkbox"/> Manufacturer data sheet – see attached <input type="checkbox"/> Calculation – see attached <input type="checkbox"/> In Field – explain below:	
Will any load be upended? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, provide stability evaluation from manufacturer or PE)	

6. Rigging Information:	
List rigging components - be specific: manufacturer, number of pieces, description, size, length, capacity and component weight (NOTE: Job built equipment must be engineered and proof tested per OSHA 29 CFR 1926.251(a)(4)).	
Identify the minimum capacity component:	Capacity (lbs)?
Rigging diagram	<input type="checkbox"/> see attached

7. Crane Location/Clearances	
a. Provide a to-scale plot plan showing crane location, adjacent buildings, pipe racks, and other significant obstructions within load swing radius. Indicate direction and span of swing	<input type="checkbox"/> see attached
b. Provide a to-scale elevation plan depicting crane, adjacent structures, and load	<input type="checkbox"/> see attached
c. What is the horizontal distance from the crane center pin to the nearest structure?	ft.
d. What is the minimum clearance from boom to highest point of structure during a pick?	ft.
e. What is the minimum clearance from load to highest point of structure during a pick?	ft.
f. What is the minimum distance from boom to load during a pick?	ft.
g. Has site been reviewed (actual and documentary information) as part of the development of this crane lift? <input type="checkbox"/> Yes (and, no further information required) <input type="checkbox"/> Yes (and, the following add'l information requested):	
h. Will the crane setup (or load) area be within zone of influence of foundation or underground facility? <input type="checkbox"/> No <input type="checkbox"/> Yes - explain what additional measures will be taken to establish proper support for crane:	
j. Describe signaling method: <input type="checkbox"/> Hand <input type="checkbox"/> Voice <input type="checkbox"/> Voice with hands free radio for operator <input type="checkbox"/> Other – explain:	

❖ Non-compliance with any part of this Crane Lift Plan will be grounds for immediate cessation of work and possible permanent removal from the site.

❖

Signatures	
Crane Company Responsible Person Signature:	Subcontractor Responsible Person Signature:

Submit this Completed form to your Dimeo Representative 48 hours (5 days for critical lift) prior to any crane mobilization.