



## Crane LIFT PLAN

This plan should be based on "worst case" combination of load weight and lift radius for a specific crane configuration in the location as indicated on the Lift Plan. The Lift Plan may be valid for more than one day, as long as the configuration, location, maximum expected load and maximum expected radius do *not* change from the Lift Plan as submitted. Every crane setup and operation must be covered by the Lift Plan as submitted. A Crane Use Permit is also required for each crane set up location prior to lifting.

Date Submitted:	Proposed Date(s) For Lift Start : _____ Complete: _____
Contractor/ Rigging Company:	Emergency Phone Number
Crane Company:	Emergency Phone Number
Project:	Lift Location/Nearest Building(s):
Description of Lifting Work to be done	
Description of Lifting Scope: number of days _____, number of items to be picked _____	

### 1. Crane Information

Make	Model	Capacity ( tons)
Crane's Total Boom Length for this Configuration ( Boom only)	Jib Used?	Length      Offset, if Used
Will outriggers be fully extended? _____ If not, please explain setting:		
Will the Lift be based on 360° crane use and chart? _____ If not, please explain:		
Maximum Boom Length Required	Maximum Pick Radius Required	
Is FAA or Airport Notification Required?		
Owner or local regulatory agency notification required?		

### 2. Load Characteristics

Description of Max Load		
Dimensions of Max Load	Provide sketch	
Weight of Max Load _____	How was this determined?	Please attach calculations.
What is the maximum safe wind speed allowed for the picks covered under this lift plan?		
Will the load be unbalanced?    Y    N    If so, how will it be leveled during pick?		

### 3. Rigging Information:

List Rigging Components Please be specific – number, type, softeners, size, length, lift beam, capacity, etc.
Worst Case Weight of Line, Block , and All Rigging:

### 4. Other Weights to be Considered to Determine Total Gross Load of Item to be Lifted:

a. Weight of Max Load	
b. Weight of Rigging:	
c. Added weight for factor of safety (minimum 20% of line a for uncertified weight)	
Total Gross Load:	

**5. Crane Location/Clearances**

- a. Has contractor developed a plan to control and protect vehicular and pedestrian traffic? \_\_\_\_\_ Please submit.
- b. Will a full road blockage or partial road blockage be required?
- c. Will load be placed on permanent facilities such as existing roof or landscaping at any time during pick?
- d. Has Contractor developed a to scale plot plan showing crane location, adjacent structures, roadways, underground Utilities, etc. within swing radius? Y N Please submit showing direction of swing
- e. Has Contractor completed a to-scale elevation sketch or drawing depicting crane, adjacent structures, and load? Y N Please submit.
- f. Has Contractor surveyed the area for overhead power lines and other hazards?
- g. Have ground conditions adequate to support all loads been verified?
- h. Will load or any part of crane/rigging be within 20 feet of energized power lines or any process system at any time during assembly/disassembly or hoisting?

**6. Summary "Worst Case " Lift Scenario**

a. Max Pick Radius	b. Total Gross Load	c. Crane Chart Capacity @ Max Pick Radius	d. % of Crane Capacity ( line 6b/ 6c)
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**7. Contractor Assembly/Disassembly Director to Verify the Following**

<input type="checkbox"/> Crane Operators Certified and Riggers, Signal persons qualified and documentation provided	<input type="checkbox"/> Daily, Monthly, Annual Inspections current and available to Operator in cab	<input type="checkbox"/> Lift Plan Reviewed and copy in cab	<input type="checkbox"/> Crane Configuration in Compliance with Lift Plan and manufacturers requirements
<input type="checkbox"/> Outriggers Extended per Lift plan and Proper pad supports Installed			<input type="checkbox"/> Operator has confirmed that Winds not excessive for Picks/per mfr req'ts
<input type="checkbox"/> Overhead hazards reviewed		<input type="checkbox"/> Ground conditions adequate for superimposed loads/verified w/controlling entity	
<input type="checkbox"/> Slings and Rigging Inspected	<input type="checkbox"/> Taglines to be Used	<input type="checkbox"/> Swing Radius Barricaded, secure	<input type="checkbox"/> Lift Plan and Crane Permit Reviewed with Erection/Demolition Crew
<input type="checkbox"/> Traffic Control Plan in Place		<input type="checkbox"/> Signals System In Place	
<input type="checkbox"/> Measure and confirm max pick radius without load		<input type="checkbox"/> Confirm total Gross Load weight prior to reaching max radius	
<input type="checkbox"/> Work area controlled- fall zone restricted		<input type="checkbox"/> Power lines deenergized/ 20 ft distance maintained	
<input type="checkbox"/> Safety devices functioning		<input type="checkbox"/> Operational aids functioning	
<input type="checkbox"/> Fall protection equipment/methods in place		<input type="checkbox"/> Crew trained on hazards/safe work plan?	

**8. Certified/Qualified personnel (documentation must be provided)**

<input type="checkbox"/> Operators	<input type="checkbox"/> Riggers	<input type="checkbox"/> Signalpersons
<input type="checkbox"/> Equipment/rigging Inspectors	<input type="checkbox"/> Designated spotters	

**9. Documentation Provided (all must be provided):**

<input type="checkbox"/> Plot Plan w/Crane Location etc	<input type="checkbox"/> Elevation Sketch	<input type="checkbox"/> Weight Calculations for Max Load	<input type="checkbox"/> Rigging List/Sketch	<input type="checkbox"/> Appropriate Crane Charts
<input type="checkbox"/> De-energization/grounding of power lines from utility		<input type="checkbox"/> Underground conditions reports		

**10. Safety work plans (all must be provided):**

<input type="checkbox"/> Fall protection Plan	<input type="checkbox"/> Work around power lines	<input type="checkbox"/> Assembly/disassembly Plan	<input type="checkbox"/> Work area control
<input type="checkbox"/> Traffic Control Plan		<input type="checkbox"/> Job/Activity Hazard Analysis for all other related activities	



<b>11. Attachments and supports</b>		
<input type="checkbox"/> Foundation per mfr req'ts or Structural PE?	<input type="checkbox"/> Collars/struts per mfr req'ts?	<input type="checkbox"/> Attachment to building/structure per PE?

<b>12. Critical Lift</b>	<b>Yes</b>	<b>No</b>
Will crane(s) need to "travel" with loads?		
Will pick require more than one crane?		
Is total gross load more than 75% of rated capacity of crane at the max radius?		
Is total gross load more than 50% of rated capacity AND lifting over existing facilities?		
Will lift/carry personnel?		
Are multiple cranes/derricks to be used for the lift?		
Is pick item weighing over 10,000 pounds being up ended ( horizontal/vertical)?		

**If the answer to any of the above is yes then this is a critical lift which will require additional information below, and must be signed off by contractor's licensed professional engineer unless otherwise waived by all individuals who sign below.**

**PE stamp required \_\_\_\_\_ PE stamp not required \_\_\_\_\_**

Detailed description of item to be lifted - use separate sheet(s) as necessary

List hoisting equipment to be used. Include inspection tag number and date

<b>Equipment/Lift relationship</b>		
Operating radius	<b>Lift Unit 1</b>	<b>Lift Unit 2</b>
Boom length		
Allowable load (from Load chart)		
Ratio Lift/Allowable load		
Clearance between boom & Lift		
Clearance to surroundings		

<b>Weight of Critical Lift (use A, B or C)</b>		
<b>A. Certified Scale weight (attach ticket)</b>	lbs.	
<b>B. Calculated independently by more than one source</b>	Source Name:	lbs.
	Source Name:	lbs.

<b>Pre-Lift Inspections</b>	
<input type="checkbox"/> Hoisting equipment	<input type="checkbox"/> Ground bearing conditions
<input type="checkbox"/> Underground utilities/adjacent structures	<input type="checkbox"/> Cribbing/mats design/installation
<input type="checkbox"/> Rigging/thimbles/clamps	<input type="checkbox"/> Spreader bars/Blocks/Attachments

**Name and Signature of Qualified Person Inspecting:**

**Operator experience:**

**List experience on this type of equipment and type of lift (use separate sheet when required:**

**Attach schedule of operations including time for rigging and equipment inspection**  
**Remarks**



Signatures			
Crane Company Qualified Person	Signature:	Contractor/Rigger Assembly/Disassembly Director	Signature:
	Date:		Date:
<b>Contractor Assembly/Disassembly Director is solely responsible for accuracy and completeness of this lift plan and the safe execution of the lift (s). Contractor Assembly/Disassembly Director and equipment Operator will verify lift will comply with applicable OSHA and ANSI Standards and manufacturer requirements.</b>			
Hutter Representative:	Signature:	Date:	
Safety Representative from CM	Signature:	Date:	
Certified Operator(s)	Signature(s):	Date:	
Qualified rigger(s)	Signature(s):	Date:	
Qualified Signalperson(s)	Signature(s):	Date:	
<b>Contractor Assembly/Disassembly Director is solely responsible for accuracy and completeness of this lift plan and the safe execution of the lift (s). Contractor Assembly/Disassembly Director and equipment Operator will verify lift will comply with applicable OSHA and ANSI Standards and manufacturer requirements.</b>			

The Hutter review is only to acknowledge the receipt of the Contractor/Rigger and Crane Company's lift plan.