

NMO CRITICAL LIFT PLAN SHEET HYDRAULIC / LATTICE MOBILE CRANE

Unit #: _____

Date: _____

Location: _____

Load Description: _____

Lift Description: _____

Diagram of Crane Lift & Load Placement Attached: Yes _____ No _____

A. Load

- | | | | |
|-----|--------------------------------------|-------|------|
| 1. | Load condition: | _____ | |
| 2. | Wt. Empty | _____ | lbs. |
| 3. | Wt. of Contents | _____ | lbs. |
| 4. | Wt. of Aux. Block | _____ | lbs. |
| 5. | Wt. of Main Block | _____ | lbs. |
| 6. | Wt. of Lifting Beam | _____ | lbs. |
| 7. | Wt. Of Slings/Shackles/Other Rigging | _____ | lbs. |
| 8. | Wt. Of Jib (erected/stowed/stored) | _____ | lbs. |
| 9. | Wt. Of Hoist Rope (extra) | _____ | lbs. |
| 10. | Wt. Of Excess Load Material | _____ | lbs. |
| 11. | Other | _____ | lbs. |
| | Gross Weight | ===== | lbs. |

Source of Load Wt. Information: (drawings, calcs.,ect.) _____

Load Wt. Confirmed by: _____

B. Crane

- | | | |
|----|---|-------|
| 1. | Type of Crane | _____ |
| 2. | Maximum Crane Capacity. | _____ |
| 3. | Boom Length | _____ |
| 4. | Radius at Pick-up _____ ft./Set-down _____ ft | |
| 5. | Crane capacity at radius: over rear _____ lbs. | |
| | Over side _____ lbs. / Over front _____ lbs. | |
| 6. | Boom angle at Pick-up _____ ft. / Set-down _____ ft. | |
| 7. | Max. rated capacity of crane at this boom length, radius and boom angle for this lift is _____ lbs. | |

F. Crane Placement

1. Any deviation from smooth, solid foundation?

2. High voltage or electrical hazards?

3. Buildings, Equipment, Plant, or Services to lift or swing over?

4. Travel ? _____
5. Swing direction ? _____

G. Considerations

1. If lift exceeds 75% of crane's capacity, attach additional special instructions, restrictions, diagrams for crane, rigging, lift, ect.
Yes _____ No _____
2. **Multiple crane lifts require a separate plan for each crane.**
3. Any changes in the crane configuration, placement, rigging, lifting scheme, or calculations require that a new critical lift plan be developed.

H. Pre-lift checklist-Completed Prior to Lift

- | | | | |
|----|--------------------|-----|------------------------|
| 1. | _____ Crane insp | 10. | _____ Rigger Qualified |
| 2. | _____ Rigging ins | 11. | _____ Signal system |
| 3. | _____ Crane set-up | 12. | _____ Tag lines |
| 4. | _____ Swing room | 13. | _____ Wind/Temp. |
| 5. | _____ Hoist height | 14. | _____ Safety spotter |

- C. Jib/Fly**
- 8. Max. load on crane for this lift is _____ lbs.
 - 9. Lift is _____ % of the crane's rated capacity
 - 1. Erected _____ Stowed _____ Stored _____
 - 2. If jib/fly to be used: length _____ angle _____
 - 3. Rated capacity of jib/fly from chart _____ lbs.

- D. Hoist Rope**
- 1. Rope diameter _____ Number of parts _____
 - 2. Lift capacity based on parts _____ lbs.

- E. Rigging**
- 1. Hitch type _____
 - 2. No. of slings _____ Size _____ Type _____
 - 3. Sling assembly rated capacity _____ lbs.
 - 4. Shackle size _____ No. of shackles _____
 - 5. Shackle rated capacity _____ lbs.
 - 6. Shackle secured to load by: _____

- 6. _____ Head room
- 7. _____ Crane Ctrw
- 8. _____ Load test
- 9. _____ Operator Q
- 15. _____ Traffic
- 16. _____ Tailboard
- 17. _____ Site control
- 18. _____ Signatures

I. Notes/Comments

_____ Supervisor Signature	_____ Date
_____ Crane Operator Signature	_____ Date
_____ Lead Rigger Signature	_____ Date