
FORM EXPLANATION AND INFORMATION

PURPOSE/PROCEDURE:

- The purpose of this form is to provide a tool to document basic conditions associated with mobile cranes. **For the purpose of this procedure, all of the following are considered “mobile cranes” and require the use of this form:**
 - Hydraulic cranes;
 - Truck / wheel-mounted cranes;
 - Crawler / lattice cranes (including those used during caisson operations);
 - Boom trucks with articulating / knuckle-boom cranes (e.g. those used to deliver drywall);
 - Any other mobile cranes.
- When within the limits of the City of Chicago, follow the municipal code regarding crane operator licenses that may apply to all the above as well as other pieces of equipment listed within the code.
- Subcontractors utilizing a form, which includes those items on Power’s mobile crane checklist, may complete their form and submit to Power on a daily basis (or as required).
- The competent person responsible for the crane operation is to complete mobile crane checklist at the start of the shift and when the crane is moved on-site and new hazards are identified. The subcontractor utilizing the crane is solely responsible for inspecting the crane as required.
- Completed copies of the mobile crane checklist are to be submitted to Power on a daily basis. Issues identified during the observation should be corrected prior to operation if the issue affects the safe operation of the crane.
- Completed forms should be reviewed by the project team for completeness and potential issues and stored in the weekly safety file.
- Any questions related to this procedure should be directed to Power’s Safety Department.



MOBILE CRANE CHECKLIST

THIS FORM IS TO BE COMPLETED PRIOR TO OPERATING A MOBILE CRANE (AT START OF SHIFT OR MOVED ON PROJECT). THIS INCLUDES HYDRAULIC, TRUCK/WHEEL-MOUNTED, CRAWLER/LATTICE, ARTICULATING/KNUCKLE BOOM CRANES, ETC.

PROJECT: _____	DATE : _____	TIME: _____	AM PM
LOCATION ON PROJECT: _____	SUBCONTRACTOR/LESSEE NAME: _____		
COMPLETED BY (OPERATOR): _____	QUALIFIED RIGGER NAME: _____		
CERTIFIED SIGNAL PERSON NAME: _____	ASSEMBLY/DISASSEMBLY DIRECTOR NAME: _____		
CRANE SUPPLIER: _____	CRANE TYPE/SIZE/MODEL: _____		
OPERATOR CERTIFYING AGENCY: (CHECK ALL THAT APPLY)	<input type="checkbox"/> CITY OF CHICAGO <input type="checkbox"/> OECP <input type="checkbox"/> NCCER <input type="checkbox"/> NCCCO <input type="checkbox"/> OTHER (SPECIFY): _____		LICENSE #: _____ EXPIRATION DATE: _____

YES	NO	N/A	ITEM TO ADDRESS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is crane log current?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is annual certification current? Expiration date:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have ground conditions been evaluated and accepted by crane supplier?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outriggers utilized per manufacturer requirements with approved pads or mats
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Swing radius protection in place
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Power lines identified and protective measures implemented
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verified weights of loads are within crane chart
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has critical lift worksheet been completed (as required)?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rigging is in acceptable condition; proper type and rating for work
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Taglines utilized
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Swing path routed to protect employees and pedestrians from overhead hazards
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Critical operations and air traffic identified (helipads, airport)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	One signal person has been assigned & means of communication utilized
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wind speed is within acceptable limits per manufacturer & operator
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Horn functioning

If the answer to any of the above items is "No" and the hazards cannot be corrected, do not proceed with the lift. Contact your supervisor immediately.

COMMENTS