CRITICAL LIFT PLANNING WORKSHEET EXPLANATION

FORM EXPLANATION AND INFORMATION

PURPOSE/PROCEDURE:

- This form serves to assist in determining if hoisting operations include critical lifts. Critical lifts are defined by the following:
  - Multiple cranes are used to make the lift
  - The load exceeds 75% of the crane's load chart capacity (at the specific boom angle and radius)
  - High risk activities
  - Aircraft picks
- The worksheet provides an agenda for the required meeting to discuss the specific lifting procedures.
- The form should be completed by the contractor using the crane and the crane supplier. Include load charts, weight information, rigging information, etc. with critical lift form.
- The completed form is to be stored in the weekly safety file.
- Any questions related to this procedure should be directed to Power's Safety Department.

CRITICAL LIFT PLANNING WORKSHEET

PROJECT: _____ **SUBCONTRACTOR:** _____

COMPETENT PERSON: _____ **QUALIFIED RIGGER:** _____

IS OPERATING ENGINEER CITY OF CHICAGO CERTIFIED? ☐ YES ☐ NO ☐ N/A

IF MULTIPLE CRANES ARE REQUIRED FOR THE LIFT, A SEPARATE WORKSHEET IS REQUIRED FOR EACH CRANE.

CRANE INFORMATION

CRANE OWNER/SUPPLIER: _____

BOOM TYPE: ☐ TELESCOPING BOOM ☐ LATTICE BOOM

CRANE BASE: ☐ ON RUBBER TIRE ☐ OUTRIGGERS ☐ CRAWLER ☐ AIRCRAFT

BOOM LENGTH: _____

JIB LENGTH: _____

COUNTERWEIGHT: _____

CAPACITY OF CONFIGURATION: _____

ANNUAL CERTIFICATION DATE: _____

LOAD DATA & RIGGING

WHAT IS BEING HOISTED?
(TYPE OF MATERIAL/PRODUCT) _____

HOW WILL THE LOAD BE HOISTED?
(RIGGING CONFIGURATION) _____

WILL ENGINEERED PICK POINTS BE UTILIZED? ☐ YES ☐ NO

WHAT TYPE(S) OF RIGGING IS NEEDED? _____

WHO IS PROVIDING THE RIGGING? _____

HAS THE RIGGING BEEN INSPECTED? ☐ YES ☐ NO

TAG LINES UTILIZED (IF NOT, WHY) ☐ YES ☐ NO

WEIGHT OF LOAD: _____

RIGGING WEIGHT: _____

BLOCK & LINE WEIGHT: _____

TOTAL LOAD WEIGHT:
(RIGGING + BLOCK & LINE +LOAD WEIGHT) _____

IS LOAD GREATER THAN 75% OF CHART? ☐ YES ☐ NO

CRITICAL LIFT PLANNING WORKSHEET

COMMUNICATIONS & FALL PROTECTION

WHAT TYPE OF COMMUNICATIONS WILL BE USED? ☐ HAND SIGNALS ☐ HARD LINE ☐ 2 WAY RADIO ☐ OTHER: _____

HAND SIGNALS MUST BE POSTED / CELL PHONES ARE NOT APPROVED METHOD

IDENTIFY SIGNAL PERSON: _____

IS FALL PROTECTION REQUIRED FOR SIGNALPERSON? ☐ YES ☐ NO IF YES, WHAT METHODS WILL BE UTILIZED? _____

SITE CONSTRAINTS & SOIL CONDITIONS

ARE OVERHEAD POWER LINES / OBSTRUCTIONS PRESENT: ☐ YES ☐ NO IF YES, IDENTIFY LOCATIONS: _____

PRECAUTIONS FOR OVERHEAD POWERLINES/OBSTRUCTIONS: _____

PRECAUTIONS FOR OVERHEAD PROTECTION; PROTECTION OF OCCUPIED SPACES AND PEDESTRIANS: ☐ YES ☐ NO IF YES, WHAT IS PLAN: _____

GROUND CONDITIONS: ☐ ACCEPTABLE ☐ NOT ACCEPTABLE

EXPLAIN REQUIRED ACTION TO CORRECT: _____

OUTRIGGER PLACEMENT (ATTACH LOAD CHART): ☐ FULL EXTENSION ☐ HALF EXTENSION ☐ OTHER

IS THE CRANE RATED FOR THIS CONFIGURATION? ☐ YES ☐ NO

WILL OUTRIGGERS BE PLACED ON/NEAR SHORING OR OPEN EXCAVATION? ☐ YES ☐ NO

IF YES, IS THE SHORING DESIGNED TO HANDLE THE IMPOSED LOAD: ☐ YES ☐ NO ☐ UNKNOWN (IF NO OR UNKNOWN, CONTACT ENGINEER)

WILL THE OUTRIGGERS BE PLACED ON, OVER, OR NEARLY OVER THE TOP OF UNDERGROUND UTILITIES: ☐ YES ☐ NO

IF YES, WHAT PRECAUTIONS WILL BE TAKEN: _____

IS LIFT BEING MADE BY AIRCRAFT? ☐ YES ☐ NO (IF YES, REFER TO APPENDIX C OF POWER'S CRANE POLICY)

SUBMITTAL

SUBMITTED BY: _____

REVIEWED BY (POWER REPRESENTATIVE): _____

DATE: _____

THIS FORM <u>DOES NOT</u> REPLACE POWER'S MOBILE CRANE CHECKLIST

A SEPARATE MCCL NEEDS TO BE COMPLETED WHEN THE CRANE ARRIVES ON SITE