

Date of Lift:	Project Name:	Lift Location:
Company Name:		
Person Responsible for Plan / Contact info:		
Name of Rigger / Signal Person:		
Crane Company Name:		Rigging Company Name:
Person Responsible for Plan / Contact Info:		Person Responsible for Plan / Contact Info:
Name of Operator:		Name of Rigger:
Name of Assembly Disassembly Director:		
(Note: A Competent / Qualified Person Designation Form must be submitted for each A/D Director, Operator, Rigger, or Signal Person)		
1. Crane Information		
Make:	Model:	S/N:
Date of Manufacturer:	Size (Capacity in Tons):	
Type	<input type="checkbox"/> Hydraulic	<input type="checkbox"/> Friction
	<input type="checkbox"/> Lattice	<input type="checkbox"/> Truck
	<input type="checkbox"/> Rough Terrain	<input type="checkbox"/> Crawler
Has the crane been idle for longer than 3 Months	<input type="checkbox"/> YES (Note: A new annual 3 rd party inspection certification and report must be provided)	<input type="checkbox"/> NO (Note: Provide a copy of annual 3 rd party inspection certification report)
Length of Main Boom?	Jib Used?	<input type="checkbox"/> No <input type="checkbox"/> Yes
	Length:	Offset:
Load Line # of Parts:	Line Pull:	Lbs. Block Capacity:
Max working radius of boom in feet: Max working radius of boom (plus ½ length of load) in feet:	Max Vertical Boom Elevation (including erected jib) in feet:	
Will Max working radius of boom (including ½ length of load) be within 20' of an Overhead Power Line?	Will Max Vertical Boom Elevation exceed 200' above Existing Site Elevation?	
If yes, Provide Power Line Voltage:	If yes, Attach a JHA Outlining How Contact Hazard will be Mitigated – See Subpart CC.	If yes, Provide FAA Permit No. (attach a copy of the permit to the Crane Lift Plan):
Will Crane Require Assembly On-Site?	How will Outriggers be Configured?	<input type="checkbox"/> Fully Extended <input type="checkbox"/> Intermediate and Pinned <input type="checkbox"/> Fully Retracted
If yes, Provide Manufacturers Assembly / Disassembly Instructions, and JHA Outlining How this Activity will be Performed. (Note: A new annual 3 rd party 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.	<input type="checkbox"/> Provide a copy of Crane Dimensions and Area (Quadrant) of Operation Diagram	
	What is Max Imposed Operating ground Pressure of Crane and Load in PSI with Cribbing (minimum of 3 times float area)?	
Will this Activity Involve a Multi-Crane Lift and / or "Walking" a Load? If yes, Explain*:		
Will any load be Tripped? If so, explain WHY and HOW (multi-crane, multi-drum, lift / crib / lift, etc)*:		
<i>*See items 3 of Crane Lift Plan Instructions for critical lift requirements.</i>		
Lift Summary		
Max Radius of Boom	Min Boom Angle	Gross Deductions
		Chart Capacity
		% of Capacity Gross Deductions / Chart Capacity

Will this crane lift plan cover multiple picks?
Description of load(s):
Maximum Load Characteristics (Provide information on both the HEAVIEST and the LARGEST volume load):
Weight of Max Load (Provide manufacturers product data sheets and / or calculations):
Location of load Center of Gravity (Provide manufactures product data sheet and / or a sketch):
How will the Load Center of Gravity be determined:
Will any load be upended? If so, provide stability evaluation from manufacturer or professional engineer:

3. 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).

Minimum Capacity Component (describe, and show capacity):

(Note: Provide a diagram for each rigging configuration)

4. Itemization of Crane Chart Capacity Deductions

Deductions:	
Weight of Heaviest Load:	
Rigging:	
Jib:	
Jib Hook:	
Hook Block:	
Load Line:	
Other:	
Gross Deductions:	

5. 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.
- b. Provide a to-scale elevation depicting crane, adjacent structures, and load
- c. What is the horizontal distance from the crane center pin to the nearest structure:
- d. What is the minimum clearance from boom to highest point of structure during a pick?
- e. What is the minimum clearance from load to highest point of structure during a pick?
- f. What is the minimum distance from boom to load during a pick?
- g. Will the load or any part of the crane be over any active piping, tanks, or equipment during a pick? Please explain:
- h. Have underground site utilities been identified and located?
- i. Will outriggers be located over underground utilities? If so, please explain protective measures to be taken:
- j. Describe signaling procedure – who will be responsible for signaling? Will hand or radio signals be used?

6. Attachments Provided (All must be checked):

<input type="checkbox"/> Plot Plan w/ Crane Location (identify swing pat, delivery truck location, location of overhead power lines, for example)	<input type="checkbox"/> Crane Charts (Including any applicable Notes)	<input type="checkbox"/> Load Calculations <input type="checkbox"/> Rigging Lists <input type="checkbox"/> Rigging Diagram	<input type="checkbox"/> Job Hazard Analysis <input type="checkbox"/> Assembly / Dismantle Plan	<input type="checkbox"/> State of CT Fire Marshal Registration
<input type="checkbox"/> Elevation Plan (Utilize crane range diagram for example)	<input type="checkbox"/> Operator's License (copy) <input type="checkbox"/> Operator's USDOT Medical Certificate <input type="checkbox"/> OSHA 10 Hour (Note: in accordance with project requirements)	<input type="checkbox"/> Statement of <u>Qualification</u> and <u>Competent Person Designation form</u> for the crane operator to operate crane identified above.	<input type="checkbox"/> Statement of Qualifications and Competent Person Designation form for A/D supervisor, rigger and signal person.	3 rd Party Annual Inspection Report (Note: cranes erected on-site will require 3 rd party inspection as erected)

Be sure you have considered the following (all must be checked or marked N/A):

7. The following items are in the Crane Cab:				
<input type="checkbox"/> Hand Signal Chart	<input type="checkbox"/> Fire Extinguisher	<input type="checkbox"/> Complete Load Capacity Charts with Notes	<input type="checkbox"/> 3 rd Party Annual Inspection Report	<input type="checkbox"/> Completed Daily Inspection Sheet
<input type="checkbox"/> Operators Manual	<input type="checkbox"/> State Crane License/Registration	<input type="checkbox"/> All other required paperwork, equipment	<input type="checkbox"/> Crane Lift Plan	<input type="checkbox"/>

8. Be prepared to confirm the following additional items:				
<input type="checkbox"/> Crane Configuration in Compliance with Lift Plan	<input type="checkbox"/> Maximum Radius Confirmed (MEASURED) Without Load	<input type="checkbox"/> Maximum Load Confirmed Prior to Achieving Maximum Radius	<input type="checkbox"/> All Pick Points Vertically Above Load Center of Gravity (NO SIDE LOADS)	<input type="checkbox"/> Taglines to be Used
<input type="checkbox"/> Outrigger Floats & Dunnage Installed (Minimum 3 times pontoon area, or crane capacity divided by 5.)	<input type="checkbox"/> Outriggers Fully Extended Position: Computer Set at:	<input type="checkbox"/> Lift Area and Equipment Inspected	<input type="checkbox"/> Counterweight Swing Radius Barricaded	<input type="checkbox"/> Load Swing Radius Barricaded
<input type="checkbox"/> Copy of the Demolition Plan in the Cab of the Crane (if applicable)	<input type="checkbox"/> Lift Plan and Crane Permit in Cab of Crane	<input type="checkbox"/> Lift Plan and Crane Permit Reviewed with Rigging, Erection or Demolition Crew	<input type="checkbox"/>	<input type="checkbox"/>

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

ALL sections MUST be completed and submitted to MJ Hughes Construction Company Project Manager for review prior to mobilization of crane – see instructions. This use of Attachments for Continuations/Explanations is Encouraged – Please Reference the Section number.

Subcontractor, Rigger and Crane Operator are Responsible for the Accuracy of all Calculations and Inspections.

Signatures			
Responsible Person	Name: Signature:	Rigger Responsible Person	Name: Signature:
Phone #		Phone#	
MJ Hughes Superintendent:		Signature	
MJ Hughes Site Safety Manager:		Signature	

Submit this Completed form to your MJ Hughes Representative 48 hours prior to any crane mobilization.

Date:	
Contractor:	

Responsible Person / Contact:	
Competent Person Onsite:	
Crane / Rigging Company:	
Responsible Person / Contact:	
Operator:	License #
Project:	Pick Location

Crane Information					
Make		Model		S/N	
Capacity		Type			
Boom Length		Jib Used?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Length: Offset, if Used
Load Line # of Parts:		Lift Block Capacity:			

The Following Items are in the Crane Cab:				
<input type="checkbox"/> Hand Signal Chart	<input type="checkbox"/> Fire Extinguisher	<input type="checkbox"/> Complete Load Capacity Charts with Notes	<input type="checkbox"/> 3 rd Party Annual Inspection Report	<input type="checkbox"/> Completed Daily Inspection Sheet, last three monthly Inspection Reports
<input type="checkbox"/> Operators Manual	<input type="checkbox"/> State Crane License/Registration	<input type="checkbox"/> All other required paperwork, equipment	<input type="checkbox"/>	

Check the Following:				
<input type="checkbox"/> Anti-two Block Operational	<input type="checkbox"/> Overhaul Ball Capacity Marked	<input type="checkbox"/> Wedge Socket/Becket Properly Installed	<input type="checkbox"/> Backup alarm working	<input type="checkbox"/> All warning placards in place
<input type="checkbox"/> Boom Angle Indicator Functioning Properly	<input type="checkbox"/> Boom High Limit Functioning Properly (lattice boom)	<input type="checkbox"/> No broken or fogged glass	<input type="checkbox"/> Boom light/beacon if boom is higher than 200'	<input type="checkbox"/>
<input type="checkbox"/> Slings and Rigging Inspected	<input type="checkbox"/> All wire rope inspected	<input type="checkbox"/> Chains and chain slings have capacity tags	<input type="checkbox"/> All hooks inspected for wear and deformation	<input type="checkbox"/> Safety Latches in Place
<input type="checkbox"/> Dunnage/Blocking Available to Secure Loads	<input type="checkbox"/> Demolition Plan Submitted and Reviewed (if applicable)	<input type="checkbox"/> Bracing/Temporary Supports Available for Use (will loads need to be secured during demolition?)	<input type="checkbox"/>	<input type="checkbox"/>

Confirm the following additional items:				
<input type="checkbox"/> Crane Configuration in Compliance with Lift Plan	<input type="checkbox"/> Maximum Radius Confirmed (MEASURED) Without Load <input type="checkbox"/> Note Radius _____	<input type="checkbox"/> Maximum Load Confirmed Prior to Achieving Maximum Radius <input type="checkbox"/> Note Load _____	<input type="checkbox"/> All Pick Points Vertically Above Load Center of Gravity (NO SIDE LOADS)	<input type="checkbox"/> Taglines in Use
<input type="checkbox"/> Outrigger Floats & Dunnage Installed (Minimum 3 times pontoon area, or crane capacity divided by 5.)	<input type="checkbox"/> Outriggers Fully Extended Position: (consult Lift Plan if Not)	<input type="checkbox"/> Lift Area and Equipment Inspected	<input type="checkbox"/> Counterweight Swing Radius Barricaded	<input type="checkbox"/> Load Swing Radius Barricaded
<input type="checkbox"/> Copy of the Demolition Plan in the Cab of the Crane (if applicable)	<input type="checkbox"/> Lift Plan and Crane Permit in Cab of Crane	<input type="checkbox"/> Lift Plan and Crane Permit Reviewed with Rigging, Erection or Demolition Crew	<input type="checkbox"/>	<input type="checkbox"/>

Notes:	
Review By:	