CRANE CRITICAL LIFTS		
Date of Planned Lift:	Today's Date	Designated Crane Operator:
Supervisor responsible for the lift:	Description of the item to be lifted:	
Weight of item to be lift:	Was the weight estimated? YES NO (circle one)	If estimated, by whom?
Was the weight confirmed? YES NO (circle one)	Confirmed by whom?	Method of verification:

HOISTING EQUIPMENT	
Type of unit:	Gross Lifting Capacity:
Designated rigger or tag man:	Rigging to be used:

INSPECTION OF HOISTING EQUIPMENT	
Lift Unit Inspector:	Date lifting unit was inspected:
Rigger Inspector:	Date Rigging was Inspected:

SCHEDULE OF OPERATIONS		
Time:	Location:	Date:
Is the Area Clear of Personnel? YES NO (circle one)	Were the equipment inspections and operations performed? YES NO (circle one)	Name of the Inspector:
Were any discrepancies noted by the rigger or operator? YES NO (circle one)	If yes, please explain:	
Is the Item a Freely Suspended (Free to Move) Load? YES (circle one) NO		
If the load is not freely suspended, describe the holding forces (i.e., "load must be lifted off of mounting bolts", etc.)		

This checklist is based on EM 385-1-1, dated 3 September 1996. Use of this checklist is optional.

CRITICAL LIFTS (con.)

If eye bolts or similar lifting attachments were used, have they been verified to be sufficient size and capacity? YES NO (circle one)	Name of the individual that verified the capacity of the attachments:
Diagram the path that the load is to follow:	
Is there sufficient clearance for the load at every point along the path? YES NO (circle one) Verified by whom_____	Has an individual been designated to observe any area that people could move into the load path? YES NO (circle one) If so, Whom?_____
Crane Operator's signature:	Supervisor's signature:
Comments:	

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