



CRANE SERVICE
Non Critical Lift Plan
Pre-task Planning

Site Address: _____ Date: _____

Equipment Numbers: _____

Check all that apply to today's jobsite and Scope of Work

Yes		No	
<input type="checkbox"/>	Hard Hat	<input type="checkbox"/>	Signal person designated
<input type="checkbox"/>	Hi Viz Vest	<input type="checkbox"/>	Radio / Hand signals (circle one)
<input type="checkbox"/>	Safety Glasses	<input type="checkbox"/>	Rigging inspected for tags and damage
<input type="checkbox"/>	Underground hazards Yes / No	<input type="checkbox"/>	Weight: LBS
<input type="checkbox"/>	Adequate ground support for conditions	<input type="checkbox"/>	Deducts: LBS
<input type="checkbox"/>	Assembly/disassembly inspection	<input type="checkbox"/>	Jib used
<input type="checkbox"/>	Secure swing area with caution tape	<input type="checkbox"/>	Man Basket Fixed Boom
<input type="checkbox"/>	Working Radius: FT./Max Radius FT.	<input type="checkbox"/>	All Basket to Boom attachment pins installed and locked
<input type="checkbox"/>	Power lines with in Max Radius	<input type="checkbox"/>	Basket Swivel Brake functioning properly
<input type="checkbox"/>	Raised marking line installed at 20ft from power lines, (in view of the operator and dedicated spotter)	<input type="checkbox"/>	Proposed total Basket load is less than ½ capacity of crane? Yes / No
<input type="checkbox"/>	Tag Lines (nonconductive)	<input type="checkbox"/>	Full Cycle Pre-test performed

JOBSITE: Get your crew together – Take 5 minutes to assess the job	
Look for and discuss obvious hazards and LIST HERE:	Mitigation (How we will handle it):

My Personal Commitment to Safety

I understand that unsafe behaviors and injuries are unacceptable. I also understand that I am the only person who can truly control what I do. I accept the fact that it is my responsibility to ensure that I thoroughly understand how to do all work I perform here without getting injured or putting others at risk. I commit to take responsibility for my own learning. I will behave in a safe manner at all times, always considering the potential risks before I engage in any work activities. I accept responsibility to work safely and that Safe Behavior is a condition of employment. I commit to doing all I can to ensure the safety of myself and those with whom I work.

Operator:	Other:
Signal Person:	Other:
Other:	Other:
Other:	Other:

Please Return to Safety Office when Complete