LATTICE BOOM LIFT PLANNING WORKSHEET

OKLAND

Job Number: _____ Date: _____

Job Description: _____ Lift Plan Prepared by: _____

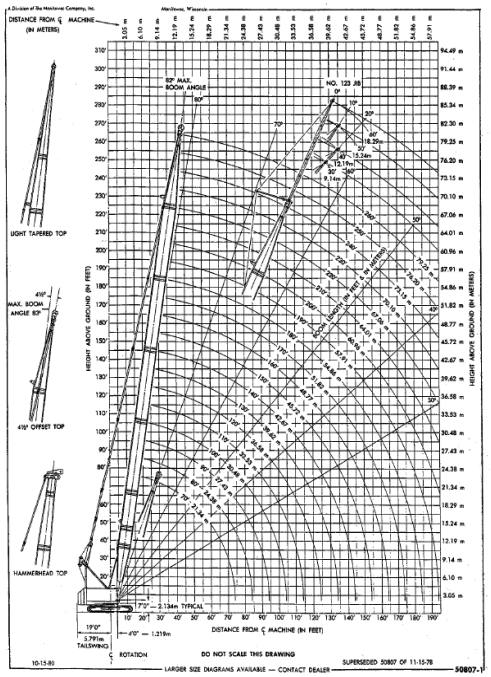
Location of Lift: _____ Crane Serial Number: _____

Operator Name: _____ Crane Model: _____

Crane Owner: _____ Contact Person: _____

Weight of the Load Information Provided by: _____

Crane Selection (size your crane)



Crane Setup Diagram (use back of form)

Soil conditions (explain type and size) of mats or blocking

Rigging Diagram (use back of form if necessary)

Prepared by: _____ Signature: _____

Operator: _____ Signature: _____

Craft Supervisor: _____ Signature: _____

Date: _____

Lift Supervisor: _____ Signature: _____

Project Mngr./Supt.: _____ Signature: _____

LIFTS EXCEEDING 90% OF RATED CAPACITY MUST COMPLY WITH THE ADDITIONAL REQUIREMENTS OF AN ENGINEERED LIFT (STEEL WORK MUST BE LESS THAN 75% OF RATED CAPACITY).

RIGGING COMPONENTS

Sling Type: ☐ Wire Rope ☐ Synthetic Web ☐ Synthetic Round ☐ Alloy Chain

Sling Size: _____ Length: _____ Weight: _____ Capacity: _____

Angles: _____ Have sling angles below 45° been eliminated? ☐ Yes ☐ No

Shackles Size: _____ Shackle Weight: _____ Capacity: _____

LIFT INFORMATION

Weight of Load: _____ lbs

Allowance for Extra Weight (scale, sludge, internals, liquid, etc.) _____ lbs

Weight of the Rigging: _____ lbs.

Weight of the Block: _____ lbs.

Weight of the Head Ache Ball: _____ lbs.

Weight of Spreader: _____ lbs.

Weight of Jib: _____ lbs.

Weight of Hoist Line: _____ lbs.

Weight of Attachments: _____ lbs.

TOTAL WEIGHT TO BE LIFTED: _____ lbs.

Max. Radius to be Used: _____ ft.

Boom Length: _____ ft.

Jib Length: _____ ft.

Boom Angle: _____ degrees

Jib Offset _____

On Out Riggers: ☐ Yes ☐ No If yes, 0, 50, 100%

On Crawlers: ☐ Extended ☐ Retracted

On Tires: ☐ Yes ☐ No

Blocking or Crane Mats Used: ☐ Yes ☐ No What size: _____

Counterweight: _____ lbs.

Lift Over: ☐ Front ☐ Side ☐ Rear ☐ 360°

Est. Clearance between boom and surrounding utilities: _____ ft.

Below ground hazards identified and located: ☐ Yes ☐ No

Capacity from Chart: _____ lbs.

Total Weight to be Lifted: _____ lbs. ÷ Capacity from Chart _____ = _____%

What is the maximum wind speed to be allowed: _____

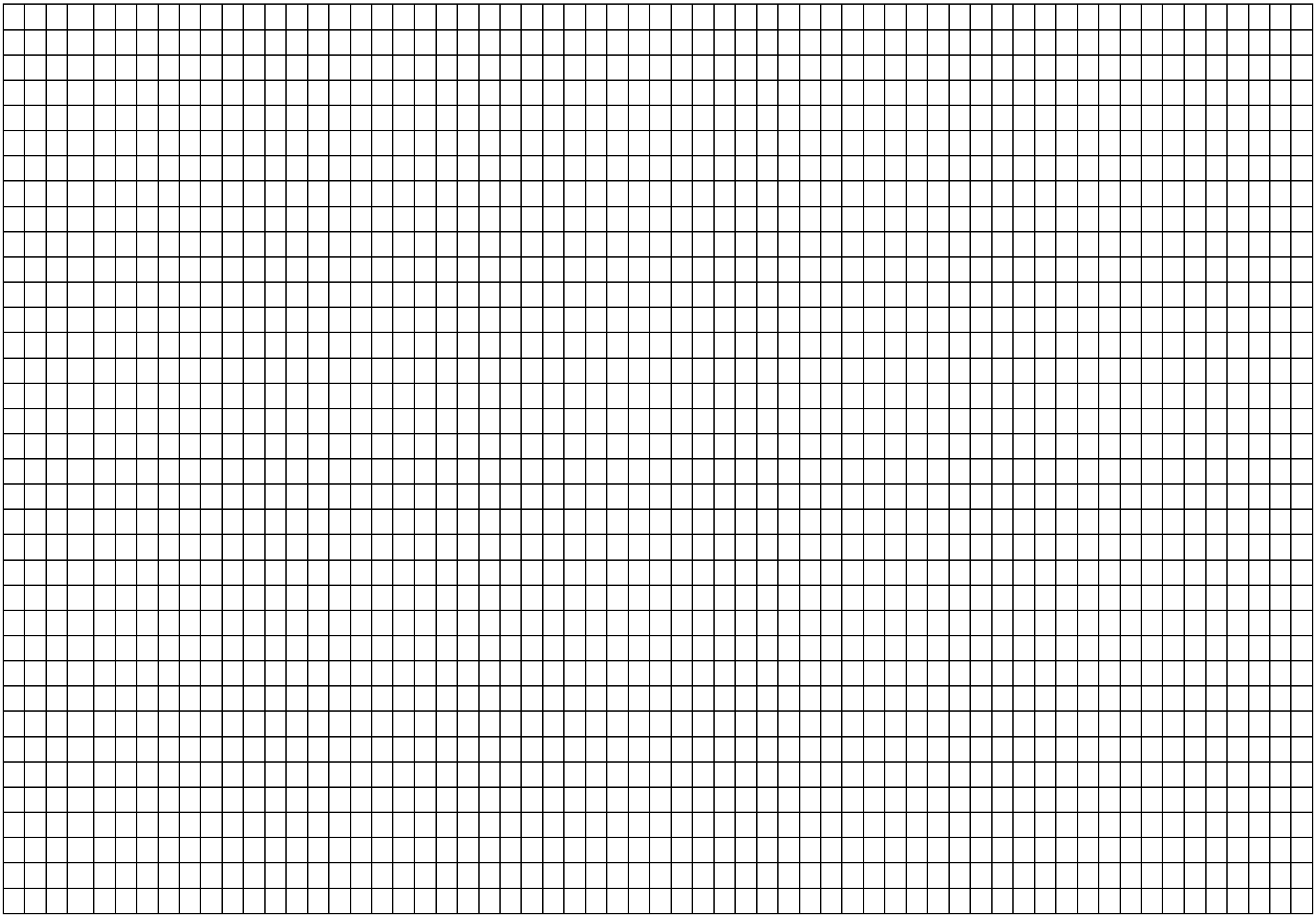
Date of pre-lift planning meeting: _____

Crew performing work on: _____

*__Date plan submitted to crane superintendent/safety:__ _____

LATTICE BOOM LIFT PLANNING WORKSHEET

OKLAND



HYDRAULIC LIFT PLANNING WORKSHEET

OKLAND

Job Number: _____ Date: _____

Job Description: _____ Lift Plan Prepared by: _____

Location of Lift: _____ Crane Serial Number: _____

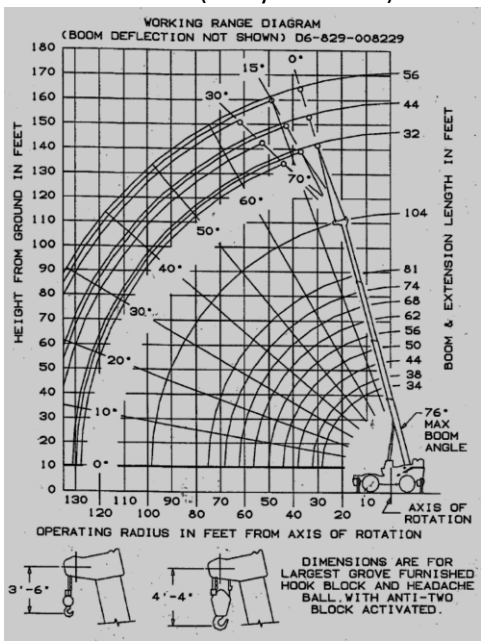
Operator Name: _____ Crane Model: _____

Crane Owner: _____ Contact Person: _____

Weight of the Load Information Provided by: _____

SKETCH LAYOUT IN REFERNCING TO BUILDING, RADIUS, LAYDOWN, UTILTIES ON BACK

Crane Selection (size your crane)



Soil conditions (explain type and size) of mats or blocking

Rigging Diagram (use back of form if necessary)

Prepared by: _____ Signature: _____

Operator: _____ Signature: _____

Craft Supervisor: _____ Signature: _____

Date: _____

Lift Supervisor: _____ Signature: _____

Project Mngr./Supt.: _____ Signature: _____

LIFTS EXCEEDING 90% OF RATED CAPACITY MUST COMPLY WITH THE ADDITIONAL REQUIREMENTS OF AN ENGINEERED LIFT (STEEL WORK MUST BE LESS THAN 75% OF RATED CAPACITY).

RIGGING COMPONENTS

Sling Type: ☐ Wire Rope ☐ Synthetic Web ☐ Synthetic Round ☐ Alloy Chain

Sling Size: _____ Length: _____ Weight: _____ Capacity: _____

Angles: _____ Have sling angles below 45° been eliminated? ☐ Yes ☐ No

Shackles Size: _____ Shackle Weight: _____ Capacity: _____

LIFT INFORMATION

Weight of Load: _____ lbs

Allowance for Extra Weight (scale, sludge, internals, liquid, etc.) _____ lbs

Weight of the Rigging: _____ lbs.

Weight of the Block: _____ lbs.

Weight of the Head Ache Ball: _____ lbs.

Weight of Spreader: _____ lbs.

Weight of Jib: _____ lbs.

Weight of Hoist Line: _____ lbs.

Weight of Attachments: _____ lbs.

TOTAL WEIGHT TO BE LIFTED: _____ lbs.

Max. Radius to be Used: _____ ft.

Boom Length: _____ ft.

Jib Length: _____ ft.

Boom Angle: _____ degrees

Jib Offset _____

On Out Riggers: ☐ Yes ☐ No If yes, 0, 50, 100%

On Crawlers: ☐ Extended ☐ Retracted

On Tires: ☐ Yes ☐ No

Blocking or Crane Mats Used: ☐ Yes ☐ No What size: _____

Counterweight: _____ lbs.

Lift Over: ☐ Front ☐ Side ☐ Rear ☐ 360°

Est. Clearance between boom and surrounding utilities: _____ ft.

Below ground hazards identified and located: ☐ Yes ☐ No

Capacity from Chart: _____ lbs.

Total Weight to be Lifted: _____ lbs. ÷ Capacity from Chart _____ = _____%

What is the maximum wind speed to be allowed: _____

Date of pre-lift planning meeting: _____

Crew performing work on: _____

*__Date plan submitted to crane superintendent/safety:__ _____

HYDRAULIC LIFT PLANNING WORKSHEET

OKLAND

TOWER CRANE LIFT PLANNING WORKSHEET

OKLAND

Job Number: _____ Date: _____

Job Description: _____ Lift Plan Prepared by: _____

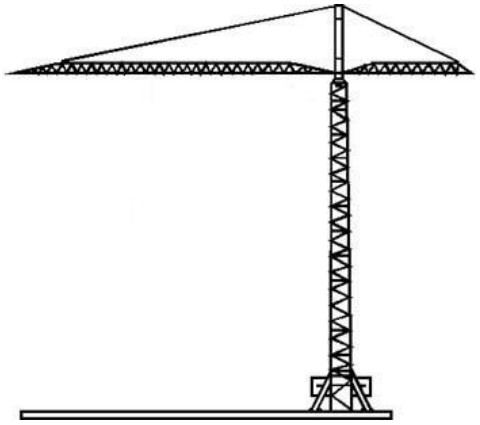
Location of Lift: _____ Crane Serial Number: _____

Operator Name: _____ Crane Model: _____

Crane Owner: _____ Contact Person: _____

Weight of the Load Information Provided by: _____

Crane Selection (size your crane)



Create Large Rigging Diagram on Back

Soil conditions (explain type and size) of mats or blocking

Prepared by: _____ Signature: _____

Operator: _____ Signature: _____

Craft Supervisor: _____ Signature: _____

Date: _____

Lift Supervisor: _____ Signature: _____

Project Mngr./Supt.: _____ Signature: _____

LIFTS EXCEEDING 95% OF RATED CAPACITY MUST COMPLY WITH THE ADDITIONAL REQUIREMENTS OF AN ENGINEERED LIFT (STEEL WORK MUST BE LESS THAN 75% OF RATED CAPACITY).

RIGGING COMPONENTS

Sling Type: ☐ Wire Rope ☐ Synthetic Web ☐ Synthetic Round ☐ Alloy Chain

Sling Size: _____ Length: _____ Weight: _____ Capacity: _____

Angles: _____ Have sling angles below 45° been eliminated? ☐ Yes ☐ No

Shackles Size: _____ Shackle Weight: _____ Capacity: _____

LIFT INFORMATION

Weight of Load: _____ lbs

Allowance for Extra Weight (scale, sludge, internals, liquid, etc.) _____ lbs

Weight of the Rigging: _____ lbs.

Weight of Spreader: _____ lbs.

TOTAL WEIGHT TO BE LIFTED: _____ lbs.

Max. Radius to be Used: _____ ft.

Jib Length: _____ ft.

Jib Angle: _____ degrees

Parts of Line _____

Est. Clearance between boom and surrounding utilities: _____ ft.

Capacity from Chart: _____ lbs.

Total Weight to be Lifted: _____ lbs. ÷ Capacity from Chart _____ = _____%

What is the maximum wind speed to be allowed: _____

Is this critical lift (over 90%, special, or expensive, etc.) ☐ Yes ☐ No If yes, why?

_____

Date of pre-lift planning meeting: _____

Crew performing work on: _____

***Date plan submitted to crane superintendent/safety:** _____

TOWER CRANE LIFT PLANNING WORKSHEET

OKLAND