

FBP HOISTING AND RIGGING CHECKLIST (ORDINARY LIFTS ONLY)

		Lif	ft Pla	nnin	g Section				
Work Package /WO#					Date of Annual inspection				
Description of load					Crane/forklift Model				
Weight of load					Boom Length				
Deductions					Jib Length				
Total erection load					Maximum Radius of Lift				
Total Capacity at Maximum Radius of Lift					Percent of Capacity at Maximum Lift Radius				
Shackles					lifting fixture/capacity				
Chain hoist capacity					LAF/if multi leg bridle				
Slings/WLL@75% hitch used					LAF*wt. on each leg				
Qı	uestions 1 - 14 must be ar	iswere	ed Yes,	No, or	N/A, prior to completing Quest	tions 15-26.			
Has the weight of the load been docum		ated? YES	NO	N/A	2. Have the lifting lugs that wi purpose?	ll be used to lift the load beer	designe YES	d for the NO	at N/A
3. Will the lifting lugs be loaded only in the	=	the lug YES	g? NO	N/A	4. Are all items that will be lift	ed with the equipment includ	ed in the YES	weight' NO	? N/A
5. Have the capacities of the slings/riggins	=	for the YES	e load? NO	N/A	6. Have the sling angles been c and shackles?	considered when checking the	capacity YES	of the	slings N/A
7. Is the load less than 80% capacity of the configuration?		for the YES	e setup NO	N/A	8. Will the lifting lugs be used	with the correct shackle?	YES	NO	N/A
9. For a one-crane lift will the crane hook		YES	NO	N/A	A		YES	NO	N/A
11. If there is a possibility for boom or eq clearance study been made?		a rigg /ES	ging lay NO	out or N/A		een considered when checkin	g the cap YES	acities o	of the N/A
13. Lift classification completed and attac	ched?				14. Does the equipment set up	configuration follow the man		-	
		YES	NO	N/A	l e		YES	NO	N/A
Hoisting and Rigging Mgr. or designee a	approval: Signatu	re				Date			
Hoisting and Rigging Mgr. or designee a Competent Reviewer:	approval: Signatur					Date Date			
Competent Reviewer:	Signatu	re			Checks	Date			
Competent Reviewer: Questions 15-27 mi	Signatu	re It side	on the	day of	prior to making the lift(s) by ci	Date ircling either Yes, No, or N/2	1		
Competent Reviewer: Questions 15-27 mg 15. Has the load been checked for loose of	Signatu	re It side	on the	day of	prior to making the lift(s) by ci	Date ircling either Yes, No, or N/2	1		
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