



FBP HOISTING AND RIGGING CHECKLIST (ORDINARY LIFTS ONLY)

Lift Planning 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 | |

Questions 1 - 14 must be answered Yes, No, or N/A, prior to completing Questions 15-26.

| | |
|--|---|
| 1. Has the weight of the load been documented or accurately calculated? YES NO N/A | 2. Have the lifting lugs that will be used to lift the load been designed for that purpose? YES NO N/A |
| 3. Will the lifting lugs be loaded only in the strong directions(s) of the lug? YES NO N/A | 4. Are all items that will be lifted with the equipment included in the weight? YES NO N/A |
| 5. Have the capacities of the slings/rigging hardware been checked for the load? YES NO N/A | 6. Have the sling angles been considered when checking the capacity of the slings and shackles? YES NO N/A |
| 7. Is the load less than 80% capacity of the mobile crane load chart for the setup configuration? YES 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 be over the center of gravity at the initial pick? YES NO N/A | 10. Has the soil been inspected and determined to be adequate? YES NO N/A |
| 11. If there is a possibility for boom or equipment interference, has a rigging layout or clearance study been made? YES NO N/A | 12. Has the center of gravity been considered when checking the capacities of the sling and shackles? YES NO N/A |
| 13. Lift classification completed and attached? YES NO N/A | 14. Does the equipment set up configuration follow the manufacturer's req's? YES NO N/A |

Hoisting and Rigging Mgr. or designee approval: Signature _____ Date _____

Competent Reviewer: Signature _____ Date _____

Pre-Lift Checks

Questions 15-27 must be completed at the lift side on the day of, prior to making the lift(s) by circling either Yes, No, or N/A

| | |
|--|--|
| 15. Has the load been checked for loose or unsecured items that might fall off during the lift? YES NO N/A | 16. Are the lifting lugs visibly free of defects or damage? YES NO N/A |
| 17. Have the slings and shackles been visibly inspected for defects and damage? YES NO N/A | 18. Has the crane received a daily inspection and operational check by the operator? YES NO N/A |
| 19. Is the crane supported by approved crane mats? YES NO N/A | 20. Has the radius of the lift been checked by a tape measure? YES NO N/A |
| 21. Is the lift area free of operating process equipment, piping, or live electrical lines? YES NO N/A | 22. Has the area under the lift been barricaded or everyone warned to stay away? YES NO N/A |
| 23. Is the wind less than 20 MPH? YES NO N/A | 24. Has the Pre Lift Meeting been conducted? YES NO N/A |
| 25. If slings come into contact with edges corners protrusions or abrasive surfaces, has the correct sling protection been determined? YES NO N/A | 26. Has the correct sling protection been put in place? YES NO N/A |
| 27. Rigging sketch for multi-leg hitch? YES NO N/A | |

The Hoisting and Rigging Manager or designee must approve any question answered NO by initialing and date on that line. Supervisor's signature below verifies the sheet is properly filled out, the correct equipment is being used, and the employees' training/qualifications are current.

| | | |
|-------------------------|--------|------|
| Operator Signature: | BADGE# | DATE |
| DLL Signature: | BADGE# | DATE |
| Signalperson Signature: | BADGE# | DATE |
| Supervisor Signature: | BADGE# | DATE |