

U.S. Army Corps of Engineers (USACE)
LOAD HANDLING EQUIPMENT CRANE OPERATION CRITICAL LIFT PLAN

For use of this form, see EM 385-1-1; the proponent agency is CESO.

PURPOSE: This Critical Lift Worksheet serves as a guide only. It does not replace or eliminate OSHA or the EM 385-1-1 Safety and Health Requirements Manual requirements. The purpose of this form is to help guide the user in identifying the EM 385-1-1 uniform requirements for a critical lift plan.

Prepared By (<i>Competent Person</i>)		Contract Number (<i>if applicable</i>)			
Location		Time	Date		
A. TOTAL LOAD		B. OPERATOR QUALIFICATIONS			
1. Load weight	lbs.	Items	Yes	No	N/A
2. Weight of auxiliary block	lbs.	1. Certified Operator?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Weight of main block	lbs.	3. Certified for type, class & capacity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Weight of lifting beam	lbs.	4. Designed in writing by employer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Weight of slings/shackles	lbs.	D. PRE-LIFT CHECKLIST			
6. Weight of jib/ext. (erected/stowed)	lbs.	Items	Yes	No	N/A
7. Weight of hoist rope	lbs.	1. Crane inspected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Other	lbs.	2. Rigging inspected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TOTAL WEIGHT:	lbs.	3. Crane set-up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Note. Attach on page 2 source of load weight (drawings, calcs, etc.)</i>		4. Overhead hazard check	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. CRANE		5. Swing check	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Type of crane		6. Counterweight check	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Maximum crane capacity	lbs.	7. Operator qualifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Radius (maximum)	ft.	8. Load Test required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Radius (minimum)	ft.	9. Anti-Two Block Device functioning correctly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Boom length (maximum)	ft.	10. Load travel plan is planned for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Boom length (minimum)	ft.	11. Correct blocking/cribbing identified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Crane capacity (max radius)	lbs.	12. Rigging gear inspected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Crane capacity (min radius)	lbs.	13. Tag lines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Boom angle (maximum)	deg.	14. Wind conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Boom angle (minimum)	deg.	15. Communication is established and agreed upon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Gross load of crane	lbs.	16. Site control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Lift is % of the crane's rated capacity		17. Has the pre-lift meeting been held	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. If jib/ext. is to be used, Length	ft.				
Offset	ft.				
14. Rated capacity of jib/ext.	lbs.				

E. HOIST ROPE				F. CRANE PLACEMENT (mobile cranes only)			
Item	Main	Aux 1	Aux 2	1. Maximum bearing pressure PSF			
1. Number of parts				<i>Note. Attach bearing pressure calculations on page3.</i>			
2. Rope diameter				Items	Yes	No	N/A
3. Capacity				2. Ground conditions suitable for load? <i>Note. Attach on page 3 ground condition calculations</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. RIGGING							
1. Hitch type(s)				3. High voltage or electrical hazards are present? <i>Note. If yes, show on page 4.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. # of slings			Size	4. Obstructions to lift or swing are present? <i>Note. If yes, show on page 4.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Sling type				5. Travel with load required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Sling assembly capacity			lbs.	6. Other?			
5. Shackle size(s)							
6. Shackle rated capacity(s)			lbs.				
7. Additional Rigging Information:							
H. SIGNATURES							
Crane Operator							
Name			Date	Signature			
Rigger(s)							
Name			Date	Signature			
Name			Date	Signature			
Name			Date	Signature			
Signal Person							
Name			Date	Signature			
Lift Director							
Name			Date	Signature			
Other							
Name				Title			
Signature				Date			
Name				Title			
Signature				Date			

LOAD CALCULATIONS

Show here or attach calculation, drawings, etc.

BEARING PRESSURES & GROUND CONDITIONS

Show here or attach calculation, drawings, etc.

LOAD CHART

Show here or attach load chart.

OPERATOR, RIGGER, SIGNAL PERSON QUALIFICATIONS

Show here or attach load chart.

SITE PLAN

Show here or attach site plan and sequencing.