



CRANE USE PLAN CHECKLIST

- 1. Narrative – Short written conceptual plan to include:
 - a. What is being lifted
 - b. Size/Weight
 - c. Crane necessary
 - d. When and where lift to occur, duration, etc.
 - e. Include who needs to be notified and any coordination necessary

- 2. Contractor identified/marked Utility Locations and conducted Ground Compaction Tests for crane location

- 3. Calculations for load(s) based on:
 - a. Crane Capacity
 - b. Configuration(Loads, Rigging, and Pin Pressures)

- 4. Manual for crane to check:
 - a. Calculations
 - b. Manufacturers use recommendations
 - c. Inspections required

- 5. Sketches (Overhead and Side) depicting:
 - a. Lift
 - b. Swing radius
 - c. Swing direction
 - d. Pedestrian/traffic control, etc.

- 6. Rigging Diagrams showing:
 - a. Load
 - b. Rigging
 - c. Rigging angles
 - d. Rigging calculations



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- 7. ORF Crane Forms completed, reviewed and signed by all parties
 - a. Crane Assembly/Disassembly and Lift Plan
 - i. Check closely for any Critical Lift Requirements
 - 1. If any questions are answered yes, the details of the ORF Lift Plan must be closely followed
 - b. Crane Permit
 - c. Assembly/Lift Prep-Meeting

- 8. JHA/AHA(s) and daily STA/PTP for all associated activities
 - a. Assembly of the Crane
 - b. Lifting of the Loads
 - c. Disassembly of the Crane

- 9. All Certifications - Current
 - a. Complete Crane Inspection, (Third Party) not just cover sheet
 - b. Operator Certs (NCCCO Card)
 - c. Rigger Certs
 - d. Signal Person Certs

- 10. Specific Traffic control plan if necessary
 - a. Include vehicular and pedestrian traffic where applicable

- 11. Secondary Crane required for assembly of Primary Crane?
 - a. Repeat steps 2-10 and include its use in step 1

- 12. The contents of the checklist must be reviewed by Division of Occupational Health and Safety, Technical Assistance Branch (DOHS/TAB)

DATE: _____ LOCATION: _____

VERIFIED BY:

(Sign) _____ (Print) _____