STRIKE	LIFT PLAN	CF-S-42

Lift Date: _____ **Permit Number#:** _____

Location: _____ **Location of Lift:** _____

Item to be Lifted: _____

REASON FOR CRITICAL LIFT DESIGNATION (STRIKE CRITICAL HOISTING SWP-41)

- ☐ Load exceeds 75% of load chart
- ☐ More than two mobile cranes used in tandem
- ☐ Engineered lift
- ☐ Lift over or between energized lines
- ☐ Lift of a person
- ☐ Client requirement

REASON FOR A NON-CRITICAL – FORMAL LIFT ASSESSMENT

- ☐ Two cranes (where required by provincial code)
- ☐ Operator not able to see load
- ☐ Special rigging required (see Safe Work Practice)
- ☐ Load endangers existing facilities
- ☐ Two cranes being used for a lift of a building, piece of equipment or material over 100,000 lbs.

DESCRIPTION OF LOAD

Length: _____ ft/m Width: _____ ft/m Height: _____ ft/mt: Weight: _____ lbs/kg

Crane #1		Crane #2	
Make & Year:	_____	Make & Year:	_____
Capacity:	_____	Capacity:	_____
Date of Certification:	_____	Date of Certification:	_____
Pre-use Inspection Complete:	☐ Yes ☐ No	Pre-use Inspection Complete:	☐ Yes ☐ No
On Firm Level Ground:	☐ Yes ☐ No	On Firm Level Ground:	☐ Yes ☐ No

	Crane # 1	**Crane #2**
Maximum Lifting Radius Required:	Max:_____ft/m	_____ft/m
Crane Capacity @ Lift Radius:	Max:_____lbs/kg	_____lbs/kg
% Capacity @ Lift Radius:	Max:_____lbs/kg	_____lbs/kg
Max Capacity of Rigging Components:	_____lbs/kg	
Total weight of Rigging:	_____lbs/kg	
Lift points marked by vendor:	☐Yes ☐No	

LIFT AREA DETAILS - MUST BE IN PLACE PRIOR TO LIFT

Has the route been walked and hazards identified and controlled:	☐Yes	☐No
Restricted areas controlled/identified:	☐Yes	☐No
Sketch of lift (see page 3):	☐Yes	☐No

ADDITIONAL DOCUMENTATION - WHERE REQUIRED

Plot plan of lift area and equipment attached:	☐Yes	☐No
Elevation drawing with clearances and facilities attached:	☐Yes	☐No

CRANE OPERATOR

Crane operator certified:	☐Yes	☐No
Will operator be able to see signal person for entire lift:	☐Yes	☐No
Radio signals to be used:	☐Yes	☐No

WORKSITE CONDITIONS

Ground preparation required: ☐Yes ☐No

Highest anticipated wind for lift: _____

Lowest anticipated temperature for lift: _____

SPECIAL CONSIDERATIONS

Lifting Over Live Facilities	☐N/A	
Work approved by owner/client:	☐Yes	☐No
Occupied facilities beneath lift zone will be vacated:	☐Yes	☐No
Hazards have been addressed through HIAC:	☐Yes	☐No
Lifting Within Limits of Approach of Energized Power Line	☐N/A	
Work approved by owner/client:	☐Yes	☐No
Utility has been consulted and all their conditions have been met:	☐Yes	☐No
There is a separate spotter designated to watch line only:	☐Yes	☐No

PRE-LIFT MEETING

All individuals involved in the lift must participate in the pre-lift meeting. Following the review of the lift plan, the pre-lift meeting must address the following 12 safe lift questions:

- ☐ Does everyone know who oversees this lift?
- ☐ Has the type of lift been identified? Do we have all permits and authorizations we need?
- ☐ Is everyone who will be involved in the lift part of this meeting? Has everyone reviewed the HIAC?
- ☐ Has all the equipment and rigging been inspected?
- ☐ Are all safety devices working? Do we have enough taglines to control this load?
- ☐ Does everyone understand their role? Does everyone feel competent to do their task?
- ☐ Does anyone have any questions on what the lift plan is? Does anyone have any suggestions for improvement?
- ☐ Who is the Designated Signal Person for each part of lift (DSP)? Does everyone understand that except for a Stop Signal, the signals will only be accepted from the DSP?
- ☐ Are signaling and/or communication methods agreed on between the operator(s) and DSP? What is the planned communication method(s)?
- ☐ Who can stop the job? (e.g., anyone)? Who can restart the job?
- ☐ Is the area around the lift controlled, and is everyone clear of the line of fire if the load falls or swings?
- ☐ Does everyone know the environmental limits (e.g., maximum wind speed/ temperature)? Who will make the call to abort the lift?

I have reviewed this lift plan; I understand my role in the lift and feel competent to complete it.

Attended Pre-Lift Meeting	Position	Name (Please Print)	Signature	Date
☐	Rigger:			
☐	Crane Operator:			
☐	Crane Operator:			
☐	Crane Operator:			
☐	Tag Line:			
☐	Tag Line:			
☐	Tag Line:			
☐	Tag Line:			
☐	Primary Signaler (must not be tag line operator):			
☐	Secondary Signaler:			
☐	Owner/Client Representative:			
☐	Safety Representative:			

Lift Plan Approved by:

Work Supervisor (Title)	Name (Please Print)	Signature	Date:

Test Lift Performed Following Pre-Lift Meeting: ☐Yes ☐No

Lift Diagram

Sketch detailing the set-up of the lifting equipment and lifting accessories. Include starting positions of all involved workers, taglines poitions, etc.