

Mobile Crane Lift plan checklist

Permit NO:.....

S. No	Description	√/ X
1.	Is the method statement covers the below?	
1.1	Is responsibilities of lifting personnel are clearly defined?	<input type="checkbox"/>
1.2	List of resources: a) Is personnel names and permit numbers included? b) Is equipment Identification/Register numbers and Model no's are indicated?	<input type="checkbox"/> <input type="checkbox"/>
1.3	Is HSE controls and safety included?	<input type="checkbox"/>
1.4	Is the sequence of lifting operation (step-by-step procedure) covered?	<input type="checkbox"/>
1.5	Are 10 questions for a safe lift included?	<input type="checkbox"/>
1.6	Is lift plan format as per SP2273? (if not clarify)	<input type="checkbox"/>
1.7	Is the method statement referring to PDO SP 2275 & SP 2273?	<input type="checkbox"/>
2.	Is the Lift plan sketch (Auto CAD drawing preferred) with clear rigging details?	<input type="checkbox"/>
3.	Is the Rigging calculation table filled correctly?	<input type="checkbox"/>
4.	Is the attached correct crane load chart?	<input type="checkbox"/>
5.	Is the following documents attached?	
5.1	Crane valid certificates with RAS report	<input type="checkbox"/>
5.2	Lifting accessories valid PDO approved third party certificates	<input type="checkbox"/>
5.3	Qualified Rigger & Banks man, lift supervisor, Operator(s) permits as per the above 1.2a list.	<input type="checkbox"/>
5.4	HEMP (Health & Effect Management Process)	<input type="checkbox"/>
5.5	TRA (Task Risk Assessment) specific for non-routine lift	<input type="checkbox"/>
5.6	Agreed communication (Hand/radio signals) details	<input type="checkbox"/>
5.7	Contingency / Emergency rescue plan (for critical lift)	<input type="checkbox"/>
5.8	Man riding / Night lifting as per SP2273 requirements (If applicable)	<input type="checkbox"/>
5.9	Ground bearing capacity (for critical lift).	<input type="checkbox"/>

Note: Lift plan shall be prepared according to SP2273 guidelines.

(I am undersigned will take full liability that the above have been checked and confirmed)

Verified & confirmed by Name (AP)	Date and signature
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