

SERIOUS LIFT CALCULATION AND AUTHORIZATION FORM

The Serious Lift Calculation and Authorization Form shall be completed by the Crane Supervisor and approved where indicated.

Job Description:						
Location:						
Contractor Name:			Supervisor / Lift Coordinator:			
	CRANE 1		CRANE 2		CRANE 3	
GROSS CAPACITY (value on load chart)	lbs.		lbs.		lbs.	
LOAD RADIUS (actual measured radius)	feet		feet		feet	
NET LOAD (actual weight of load)	lbs.		lbs.		lbs.	
DEDUCTIONS:						
Rigging Weight	lbs.		lbs.		lbs.	
Spreader Bars etc.	lbs.		lbs.		lbs.	
Load Block Weight	lbs.		lbs.		lbs.	
Headache Ball Weight	lbs.		lbs.		lbs.	
Effective Jib Weight	lbs.		lbs.		lbs.	
_____ Parts of Line	lbs.		lbs.		lbs.	
TOTAL DEDUCTIONS:						
GROSS LOAD (net load plus total deductions)	lbs.		lbs.		lbs.	
PERCENTAGE OF GROSS CAPACITY (gross load divided by gross capacity x 100)	lbs.		lbs.		lbs.	
MAXIMUM WORKING RADIUS (on load chart)	feet		feet		feet	
BOOM ANGLE @ MAXIMUM RADIUS	degrees		degrees		degrees	
NET CAPACITY (Gross capacity minus total deductions).	lbs.		lbs.		lbs.	
PERMITTED AREA OF OPERATION						
Over Side?	Yes	No	Yes	No	Yes	No
Over Rear?	Yes	No	Yes	No	Yes	No
Over Front?	Yes	No	Yes	No	Yes	No
CRANE CONFIGURATION						
Main Boom	feet		feet		feet	
Jib Length	feet		feet		feet	
Jib Offset	degrees		degrees		degrees	
Luffing Jib	Yes	No	Yes	No	Yes	No
LIFT PROCEDURES TO BE FOLLOWED:						
SPECIAL CONDITIONS OR COMMENTS:						
Approvals	Print Name		Signature		Date	
Construction Coordinator (Capital) / Execution Supervisor (Maintenance / TA)						
Contractor Supervisor						
Supervisor / Lift Coordinator						



SERIOUS LIFT CALCULATION AND AUTHORIZATION FORM
Serious Lift Checklist

This lift has been classified as a Serious Lift based on the Sarnia Crane and Rigging Standard, Mobile Crane Classification Criteria (Appendix A-1, A-2, A-3).

This checklist is to be completed prior to the Serious Lift by the Crane Operator and approved where indicated.

Contractor: _____

Permit Number: _____

Operator(s)

Name & License Number(s): _____

PRE-LIFT CHECKLIST	YES	NO	N/A
1. The crane is the correct model			
2. Crane setup as the lift plan (radius, configuration, etc.)			
3. Crane Operator is experienced with this crane			
4. The crane has been inspected (Annual / Daily)			
5. Job Safety Analysis has been reviewed			
6. Rigging is connected as per plan			
7. All required approvals and permits are completed			
8. Weather conditions and wind speed acceptable			
9. Stability of the ground has been inspected			
10. Mats or blocking place under outrigger pads			
11. Electrical equipment and power lines prepared correctly			
12. Grounding of all equipment as necessary			
13. Rigging inspected for defects/capacity			
14. Connecting/disconnecting plan been approved			
15. Safety precautions have been reviewed			
16. Survey equipment is required			
17. The total lifted weight is as recorded on Serious Lift Calc. Form			
18. Signal person(s) assigned			
19. Hoist area and load path cleared of non-essential personnel			
20. Crane tail swing and load path have been barricaded			
21. Rigging and tag lines installed			

Nothing in this submission and/or acceptance of this authorization is to be considered as relieving the contractor of any responsibility for a safe operation.

Approvals	Print Name	Signature	Date
Construction Coordinator (Capital) / Execution Supervisor (Maintenance / TA)			
Contractor Supervisor			
Supervisor / Lift Coordinator			