

CRITICAL LIFT AUTHORIZATION FORM

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

Permit Number: _____	Job Description: _____
Location: _____	_____

Contractor Name: _____

Description of Item to be lifted: _____

Major Hoisting Equipment to be used:

1. _____ 2. _____

Equipment & Lift Relationship

	<u>Crane 1</u>	<u>Crane 2</u>		<u>Crane 1</u>	<u>Crane 2</u>
1. Operating Radius	_____	_____	4. Ratio of lift to allowable load:	_____	_____
2. Boom Length	_____	_____	a. Capacity from the chart	_____	_____
3. Allowable Load Weight:	_____	_____	b. % of capacity	_____	_____
a. Load	_____	_____	c. ratio of lift to allowable load	_____	_____
b. rigging/spreader bars	_____	_____	5. Clearance between boom & lift	_____	_____
c. block or ball	_____	_____	6. Clearance to surrounding facilities	_____	_____
d. effective jib	_____	_____		_____	_____
e. stowed jib	_____	_____		_____	_____
f. other rigging jib	_____	_____		_____	_____
g. load lines jib	_____	_____		_____	_____
h. aux. boom head jib	_____	_____		_____	_____
i. total weight to be lifted jib	_____	_____		_____	_____

How was the weight of the critical lift obtained?

A. Certified Scale Weight:	C. Has taken into account all modifications, including internals as well as an allowable for scale, sediment, sludge, insulation, liquid, etc.
Yes No	Yes No
B. Calculated Independently:	D. Should this weight be verified by an independent source:
Yes No	Yes No

Stability of Ground Area

A. Are the soils deemed to be acceptable? Yes No If No, is compaction testing required? Yes No

B. Will mats be required? Yes No Size: _____

C. Any underground installations needing special treatment? _____

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			

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Supervisor / Lift Coordinator			
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**This lift has been classified as a Critical Lift based on the Sarnia Crane and Rigging Standard, Mobile Crane Classification Criteria (Appendix A-1, A-2, A-3).
This checklist shall be completed prior to the Critical Lift by the Crane Operator and approved where indicated.**

Operator (Name & License Number) _____

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 are acceptable.			
9. The stability of the ground has been inspected.			
10. Mats or blocking is in place under outrigger pads.			
11. Electrical equipment and power lines are prepared correctly.			
12. Grounding of all equipment as necessary.			
13. Rigging has been inspected for defects/capacity.			
14. Connecting/disconnecting plan has been approved.			
15. Safety precautions have been reviewed.			
16. Survey equipment is required.			
17. The total lifted weight is as recorded on the Critical Lift Authorization Form.			
18. Signal person(s) assigned.			
19. Hoist area and load path are cleared of non-essential personnel.			
20. Crane tail swing and load path have been barricaded.			
21. Rigging and tag lines are installed.			
22. Critical Lift Authorization Form has been completed.			
23. Copies of test certificates for all slings.			
24. All shackles have been magnetic-particle inspected prior to use.			
25. All engineered lift studies have been stamped by a Professional Engineer.			

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			