



EXAMPLE CRANE/HOIST PLAN FORM

Contractor:
Date(s) of planned lift(s): ___/___/___ To: ___/___/___
Time(s) of planned lift(s): ___: ___ AM/PM to ___: ___ AM/PM
Location of planned lift:
Description of planned lift:
Current Annual Certification of crane inspection copy submitted to the General Contractor? ___ Yes ___ No** If "No", lift may not commence until copy of certification has been submitted.
Current MA Hoisting License, DOT medical, Crane Operator's CCO card copy submitted to the Construction Manager? (CCO card required if crane operator will be on site for more than 5 days.) ___ Yes ___ No** **If "No", lift may not commence.
Name of Competent Person to inspect and perform rigging:
Type of rigging to be used:
Type/Quantity of material to be hoisted:
Method(s) to be utilized to barricade counterweight swing radius:
Method(s) used to barricade/prevent entry by personnel to areas below hoist swing area during operations:
Tag lines to be used to control hoisted load: ___ Yes ___ No** **If "No", explain below why tag lines cannot/will not be used:
Type and size of cribbing to be used under outrigger pads:
Safety Devices (anti-two block, boom limits, etc.) TESTED: ___ Yes ___ No** **If "No", lift may not commence
Means of communication between crane operator and signal person
Forecasted Wind Speeds for date and time of planned lift (mph, sustained/gusting wind speeds):
Maximum allowable wind speeds for crane to be used and material to be lifted (25MPH):

