# LIFT PLANNING CHECKLIST

| **Lift Planning Checklist** |
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| **Description of Lift**  Facility Location/ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Description of Lift: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Lift Category:Non-Critical Critical; Reason for Critical Lift classification:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Administrative**   * + Date of lift:\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_ AM  PM   + Company performing lift:  Marathon  Contractor; Contract company name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   + Marathon PIC (name, title):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   + Lift Supervisor (Critical Lifts only): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Qualified Person verified: :  Yes  No  Competent Person verified: :  Yes  No (must be assisted by Qualified Person)   * + Equipment Operator (name):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Operator certification verified:  Yes  No  Expiration date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Operator has valid medical/physical exam:  Yes  No  Expiration date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Operator has training on specific Lifting Equipment:  Yes  No (cannot operate equipment)   * + Rigging crew designated for the lift (names): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Rigger training verified:  Yes  No (cannot rig load); Expiration date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   * + Signal person(s) designated for the lift (name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Signal Person training verified:  Yes  No (cannot perform signal duties); Expiration date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   * + JSA or Risk Assessment in place and reviewed :  Yes  No   + Communication Type:  Hand signals  Radio  Both  “Stop” hand signal understood   + Written Lift Plan in place (**critical lifts only**): :  Yes  No   + Pre-Lift meeting held with lifting crew (**critical lifts only**): Yes  No; Date of meeting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   + Verification that everyone understands “Stop Work Authority”: :  Yes  No |
| **Lifting Equipment Information**   * Lifting Equipment type: Crane Hoist Gin-Pole/Rig-Up Truck Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Inspections current Yes No; Date of last inspection: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Rated lifting capacity of crane/hoist: ­­­­­­­­­­­­­­­­­ lbs. tons  Pre-use equipment inspection completed:Yes No; Date of inspection: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Lifting Equipment Inspection Checklist attached: :  Yes  No  Findings closed: :  Yes  No (if no, cannot proceed with lift)   * Rigging Accessories visually inspected: Yes No * Findings: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Assembly/Disassembly according to Manufacturer’s procedures: Yes No\* (contact HES) * Safety devices in use and functional: Yes No; Functional test performed:Yes No   If No, operations are stopped until repairs are made.   * Anti-2-blocking system in use and functional: Yes No Overridden, Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Lift Specifics**   * Verified weight of load lbs. Weight of rigging equipment: lbs. * Total weight (Load + rigging equipment): lbs. Percent of rated capacity: %   **NOTE:** Load weights must be verified or calculated for accuracy.   * Location of center of gravity of load is known and crane hook positioned directly above it? Yes No * Item(s) being lifted: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** * Time frame of lift: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Total swing area barricaded and tagged: Yes No, Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Total swing area cleared: Yes No,Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Necessary safe work permit and authorizations obtained:  Yes  No :  NA |
| **Lifting Equipment Placement**   * Near surrounding structures/buildings: Yes No   Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   * Near overhead electrical hazards: Yes, Distance: ft.\* No   Refer to Working Near Power Lines **(Appendix A)** for minimum required distances for lifting operations. If less than 20 feet, stop the job and contact HES immediately.   * Outriggers positioned over buried lines: Yes No N/A   Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Outriggers positioned over previously/recently disturbed surface: Yes No N/A  Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   * Ground stability: Poor Fair Good Excellent Previously/Recently Disturbed   Ground composition: (Bare earth, grass, mud, gravel, etc.)  Ground is Firm and Drained: Yes No  Ground is graded to meet manufacturer’s requirements for lifting equipment: Yes No |
| **Weather**  Rain Thunder or Lightning (Lift postponed if lightning is present)  Wind MPH (Recommended lift be postponed if > 30 mph) Snow/Icing |
| **Plot Plan /Elevation (required for Critical Lifts)**  Attach copy of drawing or show process vessels, piping, buildings in the area of the lift. The intended crane location and lift path is shown in the drawing as accurately as possible. The Qualified Person reviews the lift drawings to verify the location and status of equipment, piping, wells, and buildings that are in service. If any shutdowns are required prior to the lift, they are coordinated with Operations Supervision. If more space is needed, attach additional pages. |
| **Signatures**  Equipment Operator: Company: ­­­­­­­­­­­­­­  Rigger(s): Company: ­­­­­­­­­­­­­­  Signal Person(s): Company: ­­­­­­­­­­­­­­  Supervisor/PIC: Company: ­­­­­­­­­­­­­­  Inspector (If applicable): Company: ­­­­­­­­­­­­­­  HES Rep(s) (If present): Company: ­­­­­­­­­­­­­­  Date: \_\_\_\_\_\_\_\_\_\_\_\_ |