# 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 [ ]  NoFindings 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/AExplain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* 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: \_\_\_\_\_\_\_\_\_\_\_\_ |