

The following information is requested on crane lift plans at Longwood University to coordinate a safe crane lift.

Date of Inspection: _____ Project Inspector: _____

Crane Owner: _____ Crane Type: _____

Crane Operator: _____ Location of Lift: _____

Inspection Item:	Yes	No	N/A	Comments
Are there overhead utilities?				
❖ If so what are they (voltage) and where are they?				
➤ What are the distances from the lift?				
➤ How will safe distances be maintained?				
➤ Is having the utility company shut power an option?				
Are there overhead obstructions along the path of travel while on University property?				
❖ If so, explain (obstruction height versus crane size and angle of approach)				
Will overhead utilities be encountered while crane is in transit?				
Will affected University facilities (such as buildings or fields) be vacated within crane's radius?				
Are tag lines used (no one under the load)?				
Does the crane schedule show what the maximum weight capabilities for the crane are? Please submit copies to EHS&EM Office a copy of the worksheet and applicable pages from the crane manual with applicable (highlight) lift weights, counter balances, turn radius limitations, etcetera				
Please provide the anticipated load weight.				
Does total lift exceed 75% of crane's maximum capability?				
❖ If so, what is the final lift in relation to the percentage of the crane's maximum weight?				
Will trench plates, cribbing, mats, or dunnage be required for the outriggers?				
If so, explain.				

Inspection Item	Yes	No	N/A	Comments
How will winds at ground level (and especially wind aloft) be monitored?				
What is the boom length and angle?				
Does boom length include a jib?				
What maximum wind (ground or loft) will cause work to stop?				
Will the crane be used from a street location?				
❖ If so, will a street closure permit be required:				
➤ From the Longwood Police Department?				
➤ From the Town of Farmville?				
Before any lift, prepositioned barriers, and personnel will secure the work area?				

Documents to be presented as part of lift plan include:

- **Questionnaire answers above – Send to EHS&EM Office 5 days prior to lift**
- **Lift Evaluation Form below – Send to EHS&EM Office 5 days prior to lift**
- **Crane’s quadrennial Inspection Report – (Periodic &/or Frequent Inspection) – Send to EHS&EM Office**
- **Daily Check Inspection – To be done the day of the lift with Project Manager; copy available to EHS&EM Office**
- **Operator’s certification – To be checked by Project Manager; copy available to EHS&EM Office**
- **Complete load chart for crane being used – verified by Project Manager on the crane**
- **Hand signal chart visible and readable in operators view – verified by Project Manager**
- **Site drawing (not to scale) will show positioned crane on the horizontal and vertical – Send to EHS&EM Office**
- **Copy of Insurance coverage for Risk Management**

Where and when will a safety tailgate meeting be held?

Lift Evaluation Form

Submitted by:

Contractor: _____

Superintendent Name: _____

1. Activity: Crane Lift – Type Crane				
Lift Location:			Date of Lift:	
2. Description of Load:	Load Weight		Pounds	
	Block Weight		Pounds	
	Spreader Weight		Pounds	
	Rigging Weight		Pounds	
	Jib Weight		Pounds	
	Jib Ball Weight		Pounds	
	Hoist Line Weight		Pounds	
Total Load		Pounds		
3. Crane Manufacturer		Maximum Boom Length Used:		Feet
• Model Number				
• Maximum Load Radius		Feet	On Outriggers:	Yes No
• Corresponding Boom Angle		Degrees	On Tires:	Yes No
Lift Will Be:				
	On Boom	On Jib	Over Side	Over Rear
Rated Capacity: Pounds		Capacity Margin = (Total Load / Rated Capacity) x 100 = % (75% is Maximum Cap.)		
Are there any underground hazards?				Yes No
Soil Conditions:		Asphalt:		
Are there any Fire or explosive hazards within reach?				Yes No
Has other permits been obtained?				Yes No
Prepared by: (Print)		Signed:		Date:
Operator: (Print)		Signed:		Certified Date:
Special Instructions:				