Meeting Leader: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| CRANE CHECKLIST (CHECK OFF EACH ITEM COMPLETED or APPLIES) |

**PERSONAL PROTECTIVE EQUIPMENT**

**\_\_\_\_ Fall Protection**

**\_\_\_\_ Safety Vests (orange)**

**\_\_\_\_ Hard Hats**

**\_\_\_\_ Safety Glasses**

**\_\_\_\_ Gloves**

**\_\_\_\_ Protective Footwear**

**\_\_\_\_ Other**

**GROUND/ENVIORMENTAL- HAZARDS**

**\_\_\_\_ Utilities Identified**

**\_\_\_\_ Wind \_\_\_\_\_\_mph**

**\_\_\_\_ Electrical Wires- Overhead**

**\_\_\_\_ Rain (lightning)**

**\_\_\_\_ Soft Ground**

**\_\_\_\_ Restricted Lighting**

**OTHER HAZARDS**

**\_\_\_\_ Trenches nearby**

**\_\_\_\_ Fall Potential**

**\_\_\_\_ Type of Outrigger Pads \_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_ Slip or Trip Potential**

**CRANE**

**\_\_\_\_ Lift Plan Completed (evaluation above 75%)**

**\_\_\_\_ Annual Certification & Operator’s Manual in Crane**

**\_\_\_\_ NCCO Operator Name**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Unit Specific Training**

**\_\_\_\_ Qualified Riggers**

**\_\_\_\_ Qualified Signal Person**

**\_\_\_\_ Fall Protection Certification**

**\_\_\_\_ Ariel Lift Certification**

**TRAFFIC CONTROL**

**\_\_\_\_ Crane is Properly Barricaded**

**\_\_\_\_ Limited Access Zone is Set**

**\_\_\_\_ Employees are trained methods of keeping people out of zone**

**RIGGING PLAN**

**\_\_\_\_ Designated Qualified Rigger**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_ Communication Plan**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_ Designated Qualified Signal Person**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_ Inspection of Rigging**

**\_\_\_\_ Inspection of Lifting Devices**

**\_\_\_\_ Rigging with known load limits**

**\_\_\_\_ Inspection of Lifting Points**

**\_\_\_\_ Inspection of Braces**

**\_\_\_\_ Weights of loads known**

**\_\_\_\_Load’s Center of Gravity know**

**\_\_\_\_ Sling angles determined**

**\_\_\_\_ Critical Lifts???**

**\_\_\_\_ Critical Lift Plan on site**

**OTHER ITEMS**

**\_\_\_\_ Pre-lift Safety Meeting Complete**

**\_\_\_\_**

**\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| **PRE-WORK MEETING** | **POST- WORK MEETING** | **JOB NUMBER** |
| **Are Crew Members Fit for Duty Today? (Circle One) YES NO** | **All Crew Members Accounted For? (Circle One) YES NO** |  | | | |
| **NAME IN**  **ENTRADA** | **SIGNITURE OUT**  **SALIDA** | **REPORTED INJURY TODAY (CIRCLE ONE)** | **TIME IN**  **HORA DE ENTRADA** | **WEAR MY PPE TODAY (CIRCLE ONE)** | **TIME OUT**  **HORA DE SALIDA** |
|  |  | **YES NO** |  | **YES NO** |  |
|  |  | **YES NO** |  | **YES NO** |  |
|  |  | **YES NO** |  | **YES NO** |  |
|  |  | **YES NO** |  | **YES NO** |  |
|  |  | **YES NO** |  | **YES NO** |  |
|  |  | **YES NO** |  | **YES NO** |  |
|  |  | **YES NO** |  | **YES NO** |  |
|  |  | **YES NO** |  | **YES NO** |  |
|  |  | **YES NO** |  | **YES NO** |  |
|  |  | **YES NO** |  | **YES NO** |  |
|  |  | **YES NO** |  | **YES NO** |  |
|  |  | **YES NO** |  | **YES NO** |  |
|  |  | **YES NO** |  | **YES NO** |  |
|  |  | **YES NO** |  | **YES NO** |  |
|  |  | **YES NO** |  | **YES NO** |  |
|  |  | **YES NO** |  | **YES NO** |  |
|  |  | **YES NO** |  | **YES NO** |  |
|  |  | **YES NO** |  | **YES NO** |  |

Supervisors Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_