LIFT EVALUATION FORM

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| --- | --- |
| PROJECT NAME/ACTIVITY | Date: |
| 2. Description of Load | Load Weight |  |
| Block Weight |  |
| Spreader Weight |  |
| Rigging Weight |  |
| Jib Weight |  |
| Job Ball Weight |  |
| Hoist Line Weight |  |
| TOTAL |
| 3. Crane Manufacturer: |
| Model No. | Serial Number: |
| Maximum Load Radius: | On Outriggers: |
| Corresponding Boom Angle: | On Tires: |
| Corresponding Boom Length | On Crawlers – Extended Retracted |
| Lift will be: [ ]  On Boom [ ]  On Jib [ ]  Over Side [ ]  Over End |
| Rated Capacity: |
| Capacity Margin = (Total load / rated Capacity) x 100 = |
| 4. Are there underground hazards: [ ]  Yes [ ]  No |
| Soil Condition: |
| Will blocking or crane mats be used? [ ]  Yes [ ]  No |
| Are there Fire or Explosive Hazards within reach? [ ]  Yes [ ]  No |
| Are there electrical hazards within reach? [ ]  Yes [ ]  No |
| Has a Permit been obtained? [ ]  Yes [ ]  No |
| Prepared by: | Date: |
| Operator: | Lift Supervisor: |
| License #:Expiration: | Project Eng/Mgr: |