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: | |