

# Crane Activity Information Sheet

<b>1 General</b>			
Project			
Location of lifting operation			
Sub-Contractor carrying out the lifting operation	<input type="checkbox"/> N / A	Date / Time of lifting operation	
		Validity period of lifting operation	
<b>2 Details Of The Load/S</b>			
Description of load/s			
Overall dimensions of the load/s			
Weight of load	Lbs./Tons	<input type="checkbox"/> Known Weight	<input type="checkbox"/> Estimated Weight
Center of gravity	<input type="checkbox"/> Obvious	<input type="checkbox"/> Estimated	<input type="checkbox"/> Determined by drawing
<b>3 Details Of The Lifting Equipment</b>			
Type of lifting equipment			
Max SWL as certified on LM cert		Date of last certification	
Max boom / jib length	Ft.	Fly / Jib offset	
Intended load radius		SWL at this radius	
Type of lifting gear			
Combined weight of lifting gear	Lbs. / Tons	Certification of lifting gear	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>4 Means of Communications</b>			
Can the operator see the loading and unloading point for the load from his/her position?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
What are the means of communication between the crew?			
<input type="checkbox"/> Standard hand signals <input type="checkbox"/> Radio <input type="checkbox"/> Other _____			
<b>5 Personnel Involved In Crane Activity</b>			
Position	Name	Qualification / Experience	
Site Supervisor			
Lifting Director			
Lift Equipment Operator			
Rigger			
Signal Person			
Others / Please State			
<b>6 Physical and Environmental Considerations</b>			
Ground Conditions	Is the ground made safe?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Are outriggers evenly extended?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Obstacles	Are there any overhead obstacles such as power lines?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Are there nearby buildings or structures, equipment or stacked materials that may obstruct the lifting operation from being carried out safely?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Lighting	Is lighting adequate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Demarcation	Has the zone of operation been barricaded to prevent unauthorized access?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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Environment	Do not proceed with the lifting operation under the following circumstances <input type="checkbox"/> Thunderstorm and lightning strikes in the area. <input type="checkbox"/> Strong winds that may sway the suspended load. <input type="checkbox"/> Other circumstances (Please Specify)	
<b>7 Sequence / Special Precautions</b>		<b>8 Sketch of the zone of operation</b>
<b>9 Signatures</b>		
Applied for by:	Signature	Date:  Time:
Lift Director:	Signature	Date  Time
Prepared by:	Signature	Date:  Time:
Assessed by:	Signature	Date:  Time:
Approved by:	Signature	Date:  Time: