

CRANE LIFT CHECKLIST

The intent of this checklist to verify compliance with the Space Park crane safety requirements as outlined in the General Contractor Safety Rules (Systems 7847). Completion will require participation from the authorized signatures while assurance will be overseen by the NG facilities representative. Changes to the lift plan must be accepted by ESHM prior to the lift(s). Please submit Crane Lift Checklist to ESHM following the crane lift(s).

DATE:	BUILDING:	CRANE LOCATON:
NOTIFICATION		
Has Eager Beaver signs been posted at all building entrances? (Posted 3 days prior to the crane lift)	Yes ____	No ____
Does the Eager Beaver sign indicate the stay-out zone? (Tier 1: Entire Building or Tier 2: Swing radius plus 25 feet)	Yes ____	No ____
If Tier 2, security guards staged at the locations as discussed with ESHM?	Yes ____	No ____
Are the badge readers deactivated?	Yes ____	No ____
Area sweep completed within all rooms/areas of the stay-out zone?	Yes ____	No ____
LIFT PLAN VERIFICATION		
Is the NG Lift Plan available on site?	Yes ____	No ____
Crane serial no. match the DOSH certification in the NG Lift Plan?	Yes ____	No ____
Explain any changes to the crane (will require annual and quadrennial certifications):		
Rigging equipment on site match the rigging equipment the NG Lift Plan? (e.g.spreader bar, slings, shackles, etc.).	Yes ____	No ____
Explain any changes to the rigging (will require rigging charts and method of rigging):		
Is pick location match the NG Crane Plan diagram?	Yes ____	No ____
CRANE		
Name of the crane operator:	Print:	
Crane operator provided evidence of crane certification?	Yes ____	No ____
Crane swing radius barricaded?	Yes ____	No ____
There is no potential hazard(s) in the radius of the swing? (e.g. power lines, light poles, terrain, weather, trees, etc.)	Yes ____	No ____
Operator showed evidence of their completed crane inspection?	Yes ____	No ____
Does crane inspection indicate safe for use?	Yes ____	No ____
Will the total load be less than 85% of the crane's capacity?	Yes ____	No ____
SIGNALS		
Name of the signal person:	Print:	
Signal person has provided evidence of signal training?	Yes ____	No ____
If radio is being used, does it provide clear communication with the crane operator?	Yes ____	No ____

Environmental, Health & Safety

RIGGING

Name of the rigging operator:	Print:
Rigging operator provided evidence rigging certification?	Yes ____ No ____
Does the rigging equipment inspections indicate safe for use?	Yes ____ No ____
All rigging equipment has labels indicating their lift capacities?	Yes ____ No ____
Does the slings and other rigging have at least a 2 to 1 safety factor compared to the total load?	Yes ____ No ____

SAFETY BRIEFING

Has the PPE to be worn been communicated with all contractors and security?	Yes ____ No ____
Has the NG Lift Plan been reviewed with all contractors and security?	Yes ____ No ____
Has the emergency process been reviewed with all contractors and security?	Yes ____ No ____
Has the stay out zone been communicated with all contractors and security?	Yes ____ No ____

AUTHORIZATION

Qualified Crane Operator (required):	General Contractor (if applicable):
Qualified Crane Co. Rigger (required):	NG Facilities Project/Maintenance Lead (required):
Changes to the NG Lift Plan will require ESHM review and acceptance (if applicable):	