



CRITICAL LIFT PLAN FORM

Document Number: HSER-SAF-EXE-FRM-069
Version Number: 1.0

Effective Date: 05/01/25
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This lift is deemed a <u>Critical Lift</u> because:	
<input type="checkbox"/> Greater than 75% of crane's rated capacity <input type="checkbox"/> Lifting over live equipment <input type="checkbox"/> Tandem Lift	
Date of Lift:	Time of Lift:
Business Unit:	Location:
<u>Description of the work:</u>	
<u>Load Details:</u>	
Load Dimensions (HxWxL): _____	
Weight of Load: _____	
Comments:	
<u>Rigging Details</u> / List of all rigging to be used (continue on reverse as needed):	
Total weight of rigging assembly: _____	
Rated capacity of rigging assembly: _____	
Total weight below the hook (load plus rigging assembly): _____	
<u>Crane Details</u>	
ID, Description _____	
Gross Load on this crane _____	
Maximum lift radius for this crane _____	
Load chart capacity at this radius _____	
Total boom length _____	
* Is electronic load indicator and overload cutoff working and online? Yes or No	
Are soil conditions acceptable for this load/crane/lift? Yes or No	
Are crane mats required? Yes or No	
Maximum allowable wind speed is: _____	



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Pre-lift meeting held prior to crane operation? <input type="checkbox"/> Yes Contingency Plan needed? Yes or No
Crane Operator Name: _____
Expiration Date of Crane Operator License: _____
Competent Rigger Name: _____
<u>Approvals to Proceed:</u>
Crane Operator Signature: _____
Competent Rigger Signature: _____
Supervisor Name / Signature: _____