**Model Lift Plan Audit Checklist (Non-Critical Lifts)**

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| **Contractor:** |  | | | | **Subcontractor:** |  |
| **Project Name:** |  | | | | **Project Number:** |  |
| **Date:** |  | **Time:** | |  | **College:** |  |
| **Contractor Representative:** | | |  | | | |
| **LACCD Regional Safety Manager:** | | |  | | | |

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| 1. | Has the Lift Supervisor been identified (if someone other than the Crane Operator)? |  |
| 2. | Has the specific make and model of the crane been identified? |  |
| 3. | Is the exact weight of the load (including rigging and all components) specified? |  |
| 4. | Has the crane manufacturer's maximum load limits for the range of the lift been specified? |  |
| 5. | Has the load chart been provided to verify boom angle, load radius and lifting capacity? |  |
| 5a. | Provide only the page or pages of the load chart that correspond to the lift |  |
| 5b. | Identify the area of the chart that the lift will take place in |  |
| 6. | Provide a lifting plan sketch with the following information: |  |
| 6a. | Crane position in relation to any nearby streets or structures |  |
| 6b. | Location of all nearby utilities both underground and overhead |  |
| 6c. | Height of the lift to be accomplished |  |
| 6d. | Load radius from center pin of crane to center of the hook at load pick up (start) point |  |
| 6e. | Load radius from center pin of crane to center of the hook at load set (end) point |  |
| 6f. | Boom length for the range of the lift |  |
| 6g. | Boom angle for the range of the lift |  |

The following certifications and/or training records are to be verified on-site prior to lifting and do not have to be included in the lift plan for a non-critical lift.

1. Crane Operator’s Certification and Physician’s Certification
2. Signalperson’s proof of training for the selected method of communication
3. Qualified Rigger’s proof of training
4. The Crane’s Annual and Quadrennial Inspection Certification

**NOTES:**

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| **INSPECTED BY (PLEASE SIGN)** |  | **PRINT NAME** |  | **DATE** |