

USask Lift/Critical Lift Plan Guideline

Purpose and Procedure:

This plan is intended be used as a supporting document of the Contractor Code of Practice (CCOP).

- The Lift/Critical Lift Plan is to be completed <u>before</u> a crane lift or critical lift is conducted on USask property.
- It is the responsibility of the Project Manager (PM) and/or Contract Authority (CA) to provide a copy of the Lift/Critical Lift guidelines to the Contractor/Service Provider that will be conducting the lift.
- The Contractor/Service Provider is responsible to complete a Critical Lift Plan inclusive of the information in this guideline and provide it to the Project Manager/Contract Authority and Safety Resources.
- Safety Resources will review all Lift/Critical Lift Plans and return to the PM or CA and the Service Provider/Contractor.
- Once approved by the PM/CA, the Lift/Critical Lift Plan must be posted prominently at the site.



Lift/Critical Lift Plan Guidelines

Location:			Date of Lift:				
Scope of work:							
Qualified Person in Ch	arge:						
LOAD			CONSIDERATIONS				
☐ Weight empty ☐ Weight of contents ☐ Weight of lifting be	☐ If lift exceeds 75% of crane capacity, attach additional instructions, restrictions, diagrams for crane, rigging, lift etc.						
□ Weight of slings/shackles			☐ Multiple crane, hook or trolley lifts require a separate plan for each crane				
☐ Total weight of all c☐ Source of load weig	☐ Any changes in the crane configuration, load, placement, and rigging, lifting plan or calculations require a new plan be developed and sent to Project Manager and Safety Resources for review.						
☐ Load weight confirm							
CRANE			PRE-LIFT CHECKLIST				
☐ Type of Crane ☐ Crane Maximum Capacity ☐ Maximum weight to be lifted ☐ Lift is% of Crane's Capacity			☐ Crane Inspe ☐ Tag Lines ☐ Rigging Insp ☐ Wind/Temp ☐ Hoist Height ☐ Safety Spott ☐ Head Room ☐ Traffic	☐ Site Control Dected ☐ Operator Qualifications D. ☐ Signatures The Dected ☐ Rigger Qualifications The Dected ☐ Signal System			
CRANE OPERATING AF	EMERGENCY ACTION PLANS:						
☐ Obstacles/Obstruct							
☐ Other							
Crane Operator:		Signature:	:		Date:		
Project Manager or Contract Authority:		Signature:			Date:		

Attach, insert or draw site lift plan in space below:						