Date: _____ Unit #: _____ Customer: _____

Operator :(Print & Sign) _____ / _____

Customer Supervisor :(Print & Sign) _____ /_____

Location: _____ Weather: _____

Job Hazard Assessment (JHA) Standard Lift Checklist (Turn in with Work Order)

Is Crane Inspection Completed and Available?	YES _____ NO _____
Critical Lift? (Requires Critical Lift Plan SAF-640-303)	YES _____ NO _____
Personnel basket? (Requires Critical Lift Plan/Crane Supported Work Platform)	YES _____ NO _____
Demolition? (Exceeding 75% of chart requires Critical Lift Plan for demolition)	YES _____ NO _____
ARE GROUND CONDITIONS ACCEPTABLE	YES _____ NO _____
DOES AREA HAVE OVERHEAD OBSTRUCTION	YES _____ NO _____
LIFT AREA IDENTIFIED, NO FOOT TRAFFIC	YES _____ NO _____
LIFT PROCEDURES REVIEWED WITH CREW	YES _____ NO _____
IS RIGGING TAGGED AND WITHIN CAPACITY	YES _____ NO _____
IS LOAD WITHIN CRANE CAPACITY RATING	YES _____ NO _____
WILL TAG LINES BE USED	YES _____ NO _____
POWER LINES IN AREA ***(Limits of approach identified)***	YES _____ NO _____

NAME OF QUALIFIED SIGNAL PERSON :(Print & Sign) _____ / _____

ANY OTHER SAFETY CONCERNS OR HAZARDS (please note): _____

_____

_____ (Use reverse side if necessary)

ALL PERSONS TO BE IN LIFTING AREA SIGN BELOW:

Print Name	Signature