

LIFT PLAN DOCUMENT

Prepared by: _____	Date: _____
Customer: _____	Contact: _____
Phone: _____	Fax No.: _____
Project Name: _____	Project Location: _____
Date of Lift: _____	Lift Location: _____

LOAD:

Description of Load: _____

Weight of Load: _____

Weight of Rigging and Lifting Equipment: _____

Other Deductions: _____

Total Weight: _____

HOIST CABLE:	RIGGING SIZE:
No. of Hoist Cable(s): _____	No. of Slings/Cables: _____ Pin Diameter: _____
Size of Cable: _____	Sling/Cable Capacity: _____ Capacity Tons: _____
	Shackle Size and No.: _____

CRANE:

Crane Manufacturer: _____ Corresponding Boom Length: _____

Model No.: _____ Outrigger/Crawler Position: _____

Capacity: _____ Is Jib to be Used: _____

Maximum Load Radius: _____ Length of Jib: _____

Corresponding Boom Angle: _____ Offset of Jib: _____

ADDITIONAL:

Rated Capacity: _____

Capacity Margin = (Total Load/Rated Capacity) X 100: _____

Clearance to Surrounding Obstructions: _____

Clearance to High Voltage Lines (12' min): _____

Stability of Ground Under Crane Outriggers: _____

SPECIAL INSTRUCTIONS:

REVIEW/APPROVAL

Reviewed by: _____ Approved by: _____

Date: _____ Date: _____