



MOBILE CRANE CHECKLIST

THIS FORM IS TO BE COMPLETED PRIOR TO OPERATING A MOBILE CRANE (AT START OF SHIFT OR MOVED ON PROJECT). THIS INCLUDES HYDRAULIC, TRUCK/WHEEL-MOUNTED, CRAWLER/LATTICE, ARTICULATING/KNUCKLE BOOM CRANES, ETC.

PROJECT:	<u>O'Hare 21</u>	DATE :		TIME:	PM
LOCATION:	SUBCONTRACTOR/ LESSEE NAME: _____				
COMPLETED BY (COMPETENT PERSON):	_____				
CERTIFIED SIGNAL PERSON:	QUALIFIED RIGGER: _____				
	ASSEMBLY/DISASSEMBLY DIRECTOR: _____				
CRANE SUPPLIER:	CRANE TYPE/SIZE/MODEL: _____				
APP SUPERVISOR:	_____				

YES	NO	N/A	ITEM TO ADDRESS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is Operating Engineer City of Chicago certified?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is crane log current?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is annual certification current?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have ground conditions been evaluated and accepted by subcontractor?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outriggers utilized per manufacturer requirements with approved pads or mats
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Swing radius protection in place
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Power lines identified and addressed
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verified weight of load is within crane chart
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has critical lift worksheet been completed (as required)?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rigging is in acceptable condition and proper type and size for job
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Taglines are being used
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Swing path routed to protect employees and pedestrians
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Critical operations and air traffic identified (helipads, airport)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	One signal person has been assigned & means of communication determined
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wind speed is within acceptable limits per manufacturer
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Horn functioning

If the answer to any of the above items is "No" and the hazards cannot be corrected, do not proceed with the lift. Contact your supervisor immediately.

COMMENTS
