

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:	Conrac	DATE :	Тіме:		
LOCATION:		SUBCONTRACTOR/ LESSEE NAME:			
COMPLETED BY (COMPETENT PERSON):		QUALIFIED RIGGER:			
Certified Signal Person:		ASSEMBLY/DISASSEMBLY DIRECTOR:			
CRANE SUPPLIER:		CRANE TYPE/SIZE/MODEL:			
APP SUPERVISOR:		_			

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