



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: _____ | DATE : _____ | TIME: _____ |
| LOCATION ON PROJECT: _____ | SUBCONTRACTOR/ LESSEE NAME: _____ | |
| COMPLETED BY (OPERATOR): _____ | QUALIFIED RIGGER NAME: _____ | |
| CERTIFIED SIGNAL PERSON: _____ | ASSEMBLY/DISASSEMBLY DIRECTOR NAME: _____ | |
| CRANE SUPPLIER: _____ | CRANE TYPE/SIZE/MODEL: _____ | |
| OPERATOR CERTIFYING AGENCY: | <input type="checkbox"/> CITY OF CHICAGO | LICENSE #: _____ |
| (CHECK ALL THAT APPLY) | <input type="checkbox"/> OECP <input type="checkbox"/> NCCER | |
| | <input type="checkbox"/> NCCCO <input type="checkbox"/> OTHER (SPECIFY): _____ | EXPIRATION DATE: _____ |

| YES | NO | N/A | ITEM TO ADDRESS |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is Operating Engineer City of Chicago certified? *Required |
| <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? Expiration date: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Have ground conditions been evaluated and accepted by crane supplier? |
| <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 protective measures implemented |
| <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; proper type and rating for work |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Taglines utilized |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Swing path routed to protect employees and pedestrians from overhead hazards |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Critical operations and air traffic identified (helipads, airport). Tower notified? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | One signal person has been assigned & means of communication utilized |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Wind speed is within acceptable limits per manufacturer & operator |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | FAA lights and flags mounted at highest point and functioning |
| <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