SILMAN INDUSTRIES

SAFE LIFT PLAN

Safe Lift Plans must be completed by qualified persons only (SilMan or Hoisting contractor). This plan is to be completed upon request by the host employer or controlling contractor to safely pre-plan the hoisting/rigging operation that is considered unique or complex compared to lower-risk hoisting operations. Hoisting activities that are classified as a "Critical Lift" must be pre-planned by completing a separate *Critical Lift Plan*.

This plan must be **submitted** to SilMan Corporate Safety for initial review and acceptance. Once accepted, this plan must be **reviewed and approved** by the Site/Project Supervisor, the Lift Supervisor and Crane Operator before the lift operation. This plan can be modified in the field as necessary.

Lift Supervisors must conduct a **Pre-Lift Meeting** with the entire crew prior to start of any hoisting operation. At a minimum, hoisting operations must be conducted safely and methodically in accordance with applicable industry standards, OSHA regulations, and SilMan/Client policies and procedures.

A. GENERAL

Date of this Plan: _____ **Prepared by:** _____

Planned Date(s)/Time(s) of Lift: _____ /_____ through _____ / _____

Customer/Worksite Name: _____

Site Address: _____

Project: _____

B. EQUIPMENT & LOAD

Description of heaviest/largest load(s) being hoisted during lift (type/size/model/etc):

_____

_____

Total Weight of Heaviest Load: _____ **lbs**

Rigging:

Sling Type (wire rope, synthetic, chain or combo): _____

Sling Size/Length/Diameter: _____

Hitch Configuration (vertical/choker/basket/other): _____

Number of Slings/Legs per load: _____ ea.

Angle of Sling/Choker: _____ deg. (shall not be less than 45°)

Max. Lifting Capacity (of each sling at max angle): _____ lbs./ea.

Hook SWL: _____ tons (Hook Safe Working Limit = 2/3 x D^2 (in) x 1 Ton)

Master Link SWL (if used): _____ tons

Shackles (Qty, Size & SWL): _____ ea. _____ in. _____ tons (SWL=3xD^2x1T)

Gross Load:

Wt of Load being hoisted: _____ lbs.

Wt of Headache Ball (if used): _____ lbs.

Wt of Block (if used): _____ lbs.

Wt of Lifting/Spreader Bar (if used): _____ lbs.

Wt of Slings, Shackles, & Rigging: _____ lbs.

Wt of Jib (stowed or stored): _____ lbs. (Operator to verify if wt is applicable)

Wt of cable (Load fall): _____ lbs. (Main Boom + Jib, all wire parts)

Allowance(s): _____ lbs. (add 1% of load)

Total Gross Load: **0.00** **lbs.**

Jib/Fly/Extension (if used): ☐ Yes or ☐ N/A

Jib Position (erected/stowed/stored/luffing): _____

Jib Type (lattice/hydraulic/telescopic/etc.): _____

Jib Length: _____ ft

Jib Angle: _____ deg.

Jib's Chart Max. Rated Capacity (if used): _____ lbs.

Description of Crane/Hoisting Equipment:

Type, Make & Model of Crane: _____

Gross Capacity of Crane: _____ tons, using _____lb. counterweight

Derated? ☐ Yes ☐ No Derating Value: _____

Swing Radius: _____ ft

Boom Length: _____ ft

Angle of Boom: _____ deg. estimate

Rated Capacity of Crane*(non-360d): _____ lbs. over Rear

_____ lbs. over Front

_____ lbs. over Side

*If the pick begins over the front or rear, and is to be swung into the "side" quadrant

Rated Capacity for this Lift (using 85% of Capacity Chart): _____ lbs.

Total Load on Crane (from above **Total Gross Load Wt**): _____ lbs.

Lift is _____% of Crane's Capacity

C. SITE & ENVIRONMENTAL CONDITIONS

Crane Placement Location Hazards:

Ground support is adequate &/or compaction study was performed?	☐ Yes	N/A ☐
Subsurface hazards/utilities have been identified & cleared?	☐ Yes	N/A ☐
OH Powerlines in local area have been identified & MAD maintained?	☐ Yes	N/A ☐
Local obstructions/obstacles cleared within swing radius?	☐ Yes	N/A ☐
Personnel working underneath radius swing have been forewarned?	☐ Yes	N/A ☐
Loading/Unloading/Staging area is cleared & approved?	☐ Yes	N/A ☐
Are there any other local high-risk conditions/hazards*?	☐ Yes	N/A ☐

If Yes, explain the hazard and planned mitigation efforts: _____

_____

***NOTE**: If any high-risk conditions/hazards are present and can potentially affect the safety of this operation, the hazard must be mitigated OR the lift must be rescheduled.

Weather Conditions (on Date of Lift): _____

NOTE: If extreme weather conditions are anticipated or arise (high winds >25 mph, heavy fog, rain storms, lighting, etc.) the lift must be rescheduled.

D. COMMUNICATION

Proper hand signals per industry rigging standards will be used. Each Signal Person can also be a Rigger and perform both duties equally. Each Signal Person and Operator will remain in full contact (visual and/or verbal) throughout the entire hoisting operation.

Communication Methods used: Hand Signals ☐ Verbal ☐ 2-Way Radios ☐

Other ☐ _____

Number of Signal-Persons (Staging Describe in section field below): _____

_____

E. LOAD CONTROL

Methods for controlling loads during this lift: _____

_____

At least one tag line will be used to control each load. # Of Tag Lines used: _____

Once the load is down to approx. shoulder/waist level, Riggers can guide/set the load slowly down by hand. Cribbing, blocking or similar, may be placed underneath the load just prior to setting down.

ALL body parts must remain clear from underneath the load at all times.

F. CRANE STAGING & DESCRIPTIVE IMAGE / SKETCH (attach photos, sketches, diagrams, etc. as req'd to graphically describe the crane, rigging, load, and overall hoisting operation)

G. STANDARD INSPECTION & PREPARATION REQUIREMENTS

Conduct a Pre-Lift Meeting covering this plan and any other relevant JHAs and/or Safety Plans.

Complete visual/operational inspections of hoisting equipment using the Crane Inspection Log.

Conduct visual inspections of all rigging equipment. DO NOT use damaged rigging.

Conduct visual inspections of each load, including pre-engineered pick points.

Verify maximum capacity of crane AND rigging VS the total gross load weight (based on the sling/hitch configuration and any other limitations of sling angles to the load).

Verify surrounding clearances for overhead power lines, routing & access, height limitations, etc.

Verify clearances and safe off zones (at ground level) surrounding the crane's entire swing radius including any staging areas necessary at ground level and incl. safe routes of travel.

H. APPROVALS & ACCEPTANCE

	Print Name	Signature	Company
SilMan Site Supervisor:			
Qualified Lift Supervisor:			
Certified Crane Operator:			
Client Representative (optional):			
Qualified Rigger #1:			
Qualified Rigger #2:			
Signal Person #1:			
Signal Person #2:			
Oiler:			
Other Supporting TMs:			

Notes: _____