

BPWE CRITICAL LIFT PERMIT

Component:

Revision Date: 19MAY2011

1. Project Name/Plant	2. Contractor	3. Lift Date and time	4. Lift Location														
5. Crane Manufacturer	6. Model Number	7. Serial Number	8. Total Boom/Boom Ext and/or Jib Lgth (ft) @ time of Lift														
9. Max. radius during Lift (pick, swing and set)	10. Swing Dir. & Degrees of swing	11. Lift Elevation (ft) _____Max. _____Min.	12. Boom Angle _____Pick _____Set														
13. Will Jib and/or Boom Ext be used? Yes ___ No ___ Removed ___ Erected Stowed If Yes: Length (ft) _____ Weight (lb) _____		14. Mfr. rated capacity from chart as outlined in Blocks 8 - 13	15. Load Description and Weight:														
16. Component Weights: Jib / Boom Extension Wt. _____ Headache Ball Size: _____ Wt. _____ Load Block Size: _____ Wt. _____ Auxiliary Boom Head: Wt. _____ Weight of Cable (Load Fall) Wt. _____ Slings, Rigging, Shackles, & Etc Wt. _____ Lifting Beam or Bars Wt. _____ Allowance for Unaccounted Material and Equipment Wt. _____ Other Wt. _____ Total Weight _____		17. Weight of Load and Lift Determined By? Name: _____ How: _____															
		18. Total Lift Load (Block 15 + 16)	19. Load % of Crane Capacity (Divide Block 18 by 14)														
		20. Rigging Safety factor 5 to 1? Yes ___ No ___	23. Load % of Cable Capacity														
		21. Crane Quadrant Lift will be Made in?	24. Rigging Accessories, Size and Condition: Slings: Shackles: Other: Rated: Yes ___ No ___														
		22. Rigging Inspected Prior to Lift? Yes ___ No ___ By: _____															
25. Crane Cable and Reeving: Hoist Cable Size (In): _____ Permissible Line Pull: _____ Minimum Required Parts of Line: _____ Actual Parts of Line Reeved: _____ Maximum Load per Reeving: _____	26. Wind Speed and Direction: Time: _____ How Determined? _____ Anemometer Operable? _____ Data Logger Operable? _____ Checked By: _____	27. Soil Verification: Type: _____ Condition: _____ Compaction: _____ Soil Bearing Capacity Under Crane: _____ Method & Date of Determination: _____	28. Soil / Matting Requirements: Crane Ground Pressure @ Max Radius: Matting Required? Yes ___ No ___ Minimum Crane Mat Dimensions Required: Soil Bearing Pressure Under Mats:														
29. Obstructions / Hazards: Electrical? Yes ___ No ___ If Yes, Describe: Rain? Yes ___ No ___ If Yes, Describe: Overhead? Yes ___ No ___ If Yes, Describe: Wind Speed Yes ___ No ___ If Yes, Describe: Underground? Yes ___ No ___ If Yes, Describe: Others? Yes ___ No ___ If Yes, Describe:			30. Crane Inspection: Date of Last Crane Certification _____ Date of Last Annual Inspection _____ Daily Crane Inspection Completed? Yes ___ No ___ Inspected By: _____														
31. Crane Level: Is Crane Level? _____ (Crane Pad < or = to 1% Side-to-Side, Front- to-Back) Checked By: _____	32. Pre-lift Meeting: Held? yes ___ no ___ Date: _____	33. Erection Personnel Training & Certifications verified? Yes ___ No ___ By (Contractor) _____ Date _____															
34. Contractor Personnel Signatures: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">_____ Date _____</td> <td style="width: 50%; border: none;">_____ Date _____</td> </tr> <tr> <td style="border: none;">Site Superintendent - (Area Authority)</td> <td style="border: none;">Crane Operator - (Performing Authority)</td> </tr> <tr> <td style="border: none;">_____ Date _____</td> <td style="border: none;">_____ Date _____</td> </tr> <tr> <td style="border: none;">Superintendent/Lift Leader - (Issuing Authority)</td> <td style="border: none;">Rigger / Rigging Inspector</td> </tr> <tr> <td style="border: none;">_____ Date _____</td> <td style="border: none;">_____ Date _____</td> </tr> <tr> <td style="border: none;">Foreman - (Person In Charge)</td> <td style="border: none;">Signaling Plan Verified By</td> </tr> <tr> <td style="border: none;">_____ Date _____</td> <td style="border: none;">_____ Date _____</td> </tr> </table>				_____ Date _____	_____ Date _____	Site Superintendent - (Area Authority)	Crane Operator - (Performing Authority)	_____ Date _____	_____ Date _____	Superintendent/Lift Leader - (Issuing Authority)	Rigger / Rigging Inspector	_____ Date _____	_____ Date _____	Foreman - (Person In Charge)	Signaling Plan Verified By	_____ Date _____	_____ Date _____
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35. Permit Closure: _____ Issuing Authority																	