



## CRITICAL LIFT PERMIT FORM

Critical Lift Permit			
			Issue Date: _____
1. Contractor:	2. Plant/Area:	3. Lift Date:	4. Lift Location:
5. Crane Manufacturer	6. Model Number	7. Serial Number	8. Total Boom, Boom Ext and/or Jib length at time of lift:
9. Max radius during lift	10. Swing Direction & Degrees of Swing	11. Lift Elevation (ft) _____ Max. _____ Min.	12. Boom Angle _____ Pick _____ Set
13. Will Jib and/or Boom Ext be used? <input type="checkbox"/> Yes <input type="checkbox"/> No  If Yes: Length (ft) _____ Weight (lb) _____		14. Crane's rated capacity from chart at configuration (blocks 8/13)  Erected _____	
15. Component Weights: Jib / Boom Extension: Headache Ball: Size _____ Load Block: Size _____ Auxiliary Boom Head: Weight of Cable: Slings, Rigging, Shackles, etc.: Lifting _____ Beam/Bars: Dimensions: _____ Wt. _____ Allowance for Unaccounted Material and Equip. Other: _____  Total Weight _____		16. Load Description and Weight	
		17. Who determined weight of load and lift? Name: _____ How Determined: _____	
		18. Total Lift Load (Block 15 + 16):	19. Load % of Crane capacity (divide Block 18 by 14)
		20. Rigging Safety Factor 5 to 1? <input type="checkbox"/> Yes <input type="checkbox"/> No	21. Rigging accessories size/condition: Slings: _____ / _____ Shackles: _____ / _____ Other: _____ / _____
22. Tag Line Required <input type="checkbox"/> Yes <input type="checkbox"/> No	23. Parts of Wire Rope on Block & Single-Line Capacity of Wire Rope:	24. Soil Conditions? _____ Poor _____ Good Calculations? _____ Required _____ Not Required Crane Mats? _____ Required _____ Not Required	
25. Hazards Electrical? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Explain: _____ Overhead? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Explain: _____ Wind Speed _____ (If wind speed > 56 kph (35 mph), lift is prohibited) Underground? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Explain: _____ Others? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Explain: _____			26. Inspection/Testing Load Test Date: _____ Periodic Inspection Date: _____ Test Lift: Remote Area _____ Lift Location _____
27. Pre-Lift Meeting Date:	28. Attachments • Plan View	29. Pipe Rack/ Electric Line Inventory & Isolation Points Completed	
		_____ Yes _____ No Responsible Supervisor: _____	
30. Signatures			
Supervisor Responsible for Lift _____ Date _____		PMT Construction Engineer _____	
Contractor Rigging Superintendent _____ Date _____		PMT Construction Manager _____	
Contractor Crane Operator _____ Date _____		HSE Representative _____	
Contractor HSE Manager _____ Date _____		Contractor Site Manager _____	