

## Point of Work Lifting Assessment (POWLA)

Company:	Site:	Location:
Competent Person (Supervisor):		Date:
Time:		
Lifting Plan Description, No. & Revision:		
Critical / New Product / Engineered Lift Y/N:	Permit Number:	
Weight of the Load:	Weight: Estimated/Known	Lifting Equipment SWL:
		Equipment and Accessories within valid inspection period? : Y/N

**STOP WORK if the answer is no to any of the following questions and discuss with the Competent Person**

People and Communication:	Yes	No	N/A
Is everyone standing clear of the load (no one under the load) and positions of entrapment?			
All Team members competent and certified for this operation?			
Team members understand their individual role and responsibilities for this lift?			
Lifting documentation for this lift communicated and understood by the team?			
Route of the Lift and Lay Down Area:	Yes	No	N/A
Housekeeping to a high standard e.g. potential slips, trips and falls controlled ?			
Access and egress routes established?			
Well lit and unobstructed route to the laydown area established, without underground hazards?			
Sufficient head height and / or crane radius to complete the lift?			
Secondary/primary hook (overhead crane) positioned so as not to interfere with or strike other objects?			
Laydown area inspected for suitability of size, strength and stability and the ability to support the load safely?			
Emergency procedures / rescue plan established?			
Load, Equipment and Rigging Checks	Yes	No	N/A
Total weight of load plus accessories within the S.W.L. of the lifting equipment and equipment anchor points?			
Lifting equipment <span style="color: red;">inspections completed</span> and accessories free from obvious defects and marked with SWL.?			
Correct lifting accessories to the lift plan securely attached to the load and lifting equipment?			
Lifting accessories protected from damage e.g. sharp edges, chemicals, heat?			
Load secure, stable and free from any loose object that may have the potential to fall?			
Load free to lift without risk of accessories or load being caught or damaged?			
Will the load's Centre of Gravity (CoG) remain known and controlled throughout the lifting operation?			

Lifting Activity Checks	Yes	No	N/A
Controls established to prevent any person from being under the load and away from possible entrapment?			
Clear methods of communication agreed within the lifting team?			
Load free from overhead/side/below obstructions, existing buildings and power lines etc.?			
Extreme weather conditions that may affect the lifting operation or outside equipment specifications?			
Load rigged and/or suitable controls such as tag lines in place to prevent load drift?			
Controls for safe removal of rigging in place e.g. safe working at height?			
General safety established from other local hazards e.g. asbestos, adjacent works, etc			

**Use the space below to explain any further aspect of the lifting activity (if needed)**

**The undersigned have read and understand the safety precautions communicated by the Competent Person**

Operator : Name (PRINT)	Signature:	<div style="display: flex; align-items: center; justify-content: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; font-size: 24px;">Think Twice</div>  <div style="writing-mode: vertical-rl; font-weight: bold; font-size: 24px;">Lift Once</div> </div>
Rigger/Slinger: Name (PRINT)	Signature:	
Rigger/Slinger: Name (PRINT)	Signature:	
Rigger/Slinger: Name (PRINT)	Signature:	
Banksman/Signaler: Name (PRINT)	Signature:	

**Competent Person Sign off and authorisation to proceed with the lift:**

Post Lift Activities	Yes	No	N/A
Lifting accessories inspected and returned to the stores?			
Any damaged equipment or accessories reported and removed from service?			
Safe lift completed and if not has this been reported to supervision?			

**Competent Person Sign off Post Lift activities:**