

## CRITICAL LIFT AUTHORIZATION FORM



			All Critica	al Lifts must be auth	norize	ed by using	this form		
CRI	TICAL LIFT TYP	Έ	<ul> <li>Single crane/ hoist equipment</li> <li>Dual crane/hoist equipment</li> </ul>				Safe Work Permit No.:		
Site	1						Date of lift: YYYY-MM-DD Time: 00:00    AM    PM		
Lift	location							<u> </u>	
Are there fire or explosive hazards in the vicinity? Yes No Li						ft study completed by competent person?			
Are there electrical hazards in vicinity?						erify permitting is in place			] No
Requirement						Checked	Checked by (	Print Name)	Initial
1	Lift study is app	rove	d and reviewed						
2	Load is rigged according to the lift study								
3	Shackles, turnb	uckle	s, slings inspect	ed					
4	All lift points ver	rified	and inspected						
5	Crane/Hoisting Equipment is positioned according to lift plan								
6	Proper matting and foundation in place								
7	Radius verified								
8	Weather and wind conditions acceptable								
9	Specified method of signalling in place								
10	Tag lines are in position								
11	Area owner notified and approved lift to proceed								
12	Emergency Response Team notified and approved to proceed								
13	Lift area patrols determined and assigned								
14	5 1								
LIFT AUTHORIZATION									
We the undersigned, confirm that the above checks have been completed and the lift is ready to be executed safely									
			Signature	Name (print)		Company	Telephone/ radio	Date (YYYY-MM-DD)	Time (00:00)
Lift	Supervisor								
Crane Operator #1									
Cra	ne Operator #2								
Lea	d Rigger								
	ctional ervisor								
	a Owner								<u> </u>