



All workers must review Cenovus's Cranes, Hoists and Lifting Devices Standard prior to commencing work			
Site location		Date: YYYY-MM-DD	
Work location		Safe Work Permit No.	
Crane number		Crane working dimensions	
A. EMERGENCY RESPONSE (Attach separate plan for complex situations or if you need more room)			
Response Plan Description		Emergency Number(s)	
Standby Contact Names trained in First Aid	Phone	Radio channel/band	
Communication with workers	Air Horn <input type="checkbox"/> Yes <input type="checkbox"/> No	Radio <input type="checkbox"/> Yes <input type="checkbox"/> No	Verbal <input type="checkbox"/> Yes <input type="checkbox"/> No
	Whistle <input type="checkbox"/> Yes <input type="checkbox"/> No	Signs <input type="checkbox"/> Yes <input type="checkbox"/> No	Traffic control person <input type="checkbox"/> Yes <input type="checkbox"/> No
Location of First Aid			
B. SCOPE OF WORK			
Important note: If at any time work scope or equipment changes occur, work must be stopped, hazards reassessed and the Crane Lift Checklist re-issued. Must notify Permit Issuer of any changes.			
C. WORK CHECKLIST			
1. What is the lift classification?	Standard <input type="checkbox"/>	Critical <input type="checkbox"/>	
	Yes or No	Comments	
2. Has the Lift Calculation Form (CEN792) been completed?			
3. Has the lift plan been developed and reviewed?			
4. Is the lifting equipment adequate for the job/load?			
5. Are there any overhead obstructions? (e.g. power lines, structures)			
6. Are there any swing radius obstructions?			
7. Are there any know underground concerns, equipment or hazards?			
8. Are the ground conditions stable?			
9. Are stabilizing mats required?			
10. Are outrigger pads required? If so, are they rigged and placed by the crane?			
11. Has access to area been controlled			
12. Does a roadway need to be blocked? If so list.			
13. If a roadway requires closure has the Emergency Response Team been notified?			
14. Has the entire crew been orientated with the job scope and hazard assessment?			
15. Is the crew comfortable with the job scope?			
16. Has the rigging been checked for adequate capacity, length and condition?			
17. Have the rigging points been identified?			
18. Have the lifting lugs been inspected? By whom?			
19. Are there sharp edges that could damage the rigging?			



	Yes or No	Comments
20. Are there any pinch points identified? Locations?		
21. Are radios required? If so, indicate where the spare batteries are located.		
22. Are the tag lines of sufficient length to control the load?		
23. Is there another crane, hoisting equipment or elevated work platform in the working radius?	Yes	Complete section D
	No	Go to section E

D. ACTION CHECKLIST (Check and initial as actions have been completed)

Actions	Completed by (print name)	Initial
1. Designated signalperson and Lift Supervisor to assemble all rigging crews and operators involved for pre-job meeting		
2. Determine the working area of each crane (e.g. path of load from start to finish), points of installation/lay down, tail swing of the cranes equipment up to and including counterweight.		
3. Review site plans/plot plans and determine if there are any obstructions or other lifting equipment working within the operating radius of the crane(s).		
4. Designate Signalperson for each crane. Provide names below in section F & G.		
5. Confirm means of contact between Signal persons has been established. They must be in constant contact with each other to coordinate crane movements to prevent collisions. Identify radio frequency. _____		
Other equipment		
Comments		

E. VERIFICATION OF OPERATOR, RIGGER & SIGNAL PERSON QUALIFICATIONS (attach sheets as needed)

Name	Ticket/Certification Title	Expiry (MM-DD-YY)	Verified by Lift Coordinator (Initial)

F. CRANE 1 CREW

	Name (print)	Signature	Date MM-DD-YY	Time (00:00)
Lift Supervisor				
Crane Operator				
Rigger 1				
Rigger 2				
Signal person				

G. CRANE 2 CREW

	Name (print)	Signature	Date MM-DD-YY	Time (00:00)
Lift Supervisor				
Crane Operator				
Rigger 1				
Rigger 2				
Signal person				

NOTE: Attach copy to Safe Work Permit