|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **JOB PREPARATION AND PERMITS CHECK** |  | **CRANE LIFT CHECKLIST** |  | **DAILY TASK ANALYSIS CARD** |
| **PERMITS REQUIRED** |  | **\*\*\*\*This form does not substitute a Pre Task Plan, Lift Plan or Critical Lift Plan\*\*\*\*** |  |  |  |
| **[ ]**  | Confined Space |  **[ ]**  | Energy Control |  |  | **Date:**       |
| **[ ]**  | Overhead Work |  **[ ]**  | Grating Removal |  | **Yes** | **No** | **ITEM** |  | **Shift:** | **[ ]**  | 1st | **[ ]**  | 2nd |
| **[ ]**  | Roof Access |  **[ ]**  | Hot Work |  | **[ ]**  | **[ ]**  | Is the operator qualified to operate this piece ofequipment? |  |  |  |  |  |  |
| **[ ]**  | Safe Work | **[ ]**  | Excavation |  |  | **Location:** |       |
| **[ ]**  | Floor Cover Removal | **[ ]**  | Guardrail Removal |  | **[ ]**  | **[ ]**  | Equipment inspection complete? |  | **Name:** |       |
| **JOB PREPARATION** |  | **[ ]**  | **[ ]**  | Has the path been walked down and obstructions identified? |  | **Contractor:** |       |
| **[ ]**  | Oxygen / Flammability / Toxic substance checked? |  |  | **STA-Card #:** |
| **[ ]**  | Confined space procedure / Rescue plan reviewed? |  | **[ ]**  | **[ ]**  | Has the weight of the load been verified? |  |
| **[ ]**  | All valves, disconnects in proper position, tagged and locked? (Number of Locks): |  | **[ ]**  | **[ ]**  | Is the load within 75% of the machines capacity (load chart) |  | **Task Steps** | **Hazards** | **Corrective Measures** |
|  |  |       |       |       |
| **[ ]**  | Blinds Installed? |  | **[ ]**  | **[ ]**  | Will a tag line be needed? |  |
| **[ ]**  | Communicated work with others in area? |  | **[ ]**  | **[ ]**  | Area checked for high voltage sources? |  |
| **[ ]**  | Reviewed SDS’s of any hazardous substance that might be present? |  | **[ ]**  | **[ ]**  | Is the signal person certified? |  |       |       |       |
|  | **[ ]**  | **[ ]**  | Has all rigging been inspected and properly utilized? |  |
| **[ ]**  | Rigging plan complete? |  |  |
|  |  | **[ ]**  | **[ ]**  | Are all personnel clear of overhead loads? |  |       |       |       |
| **STA-Card AUDIT (Must Be Done at Least Once per Shift)** |  |  |  |
| **Auditor** | **Date** | **Time** |  | **END OF DAY TASK REVIEW CHECK** |  |
|       |       |       |  |  |  |       |       |       |
|       |       |       |  | **Yes** | **No** | **ITEM** |  |
|       |       |       |  | **[ ]**  | **[ ]**  | Work area cleaned up / Barricades installed or removed where needed? |  |
|  |  |  |       |       |       |
| **Changes to the PTP** |  | **[ ]**  | **[ ]**  | All tags released and signed off / Lock out tag out locks removed? |  |
|       |  |  |
|       |  | **[ ]**  | **[ ]**  | Permits turned in? |  |       |       |       |
|       |  | **[ ]**  | **[ ]**  | Job status communicated to customer / next shift? |  |
|       |  |  |
|       |  | **[ ]**  | **[ ]**  | Equipment shut down / secured? |  |  |
|       |  | **[ ]**  | **[ ]**  | Hot work monitored after work completed. |  | **+ FIRST AID LOCATIONS +** |
|       |  |  |  | **[ ]**  | Eyewash Station:  |       |
|       |  | **SENTINEL EVENT – IS AN OBSERVATION, NEAR** |  | **[ ]**  | First Aid Kit: |       |
|       |  | **MISS OR INCIDENT THAT COULD CAUSE DEATH.** |  | **[ ]**  | Emergency Shower:  |       |
|       |  |  |  | **[ ]**  | Emergency Telephone: |       |
|       |  | **THIS FORM IS TO BE USED IN CONJUNCTION WITH** |  | **+ EMERGENCY CONTACTS +** |
|       |  | **YOUR COMPANY PRE TASK PLANS.** |  | Durr Project Safety Manager:       |
|       |  |  |  | Client Site Safety:        |
|  |  |  |  | Site Nurse:       |
| **>>>>>>>>>> IDENTIFY POTENTIAL HAZARDS AND ELIMINATE <<<<<<<<<<** |
| **Pinch Points** | **[ ]**  | Fumes |  | **[ ]**  | All Guards in Place | **Rigging** |  | **[ ]**  | Properly Erected | Names of who is covered  |
| **[ ]**  | Caught In | **[ ]**  | Noise |  | **[ ]**  | All Handles in Place | **[ ]**  | Proper Equipment Available |  | **[ ]**  | Easy Access | under this STAC?  |
| **[ ]**  | Caught Between | **[ ]**  | Hot Temperatures |  | **Personal Fall Arrest Systems** | **[ ]**  | Rigging Inspected |  | **Ladders** |       |
| **[ ]**  | Caught On | **[ ]**  | Cold Temperatures |  | **[ ]**  | Full Body Harness | **[ ]**  | Chain Falls Inspected |  | **[ ]**  | Proper Type Available |       |
| **[ ]**  | Shear Points | **[ ]**  | Radiation |  | **[ ]**  | Proper Anchorage Point | **[ ]**  | Come-A-Longs Inspected |  | **[ ]**  | Ladders Secured |       |
| **[ ]**  | Nip Points | **[ ]**  | Biological |  | [ ]  | Shock Absorbing Lanyard | **[ ]**  | Softeners Used |  | **[ ]**  | 3’ Beyond Landing |       |
| **Falls** | **Emergency Planning** |  | **[ ]**  | Retractable Life Line | **[ ]**  | Correct Rigging Used |  | **[ ]**  | Spreader Arms Open |       |
| **[ ]**  | To Different Levels | **[ ]**  | Shelter Area Designated |  | **[ ]**  | Vertical Life line | **[ ]**  | Lifting Points Inspected |  | **Additional Items** |       |
| **[ ]**  | Slips | **[ ]**  | Evacuation Route Planned |  | **[ ]**  | Horizontal Life Lines | **Work Zone Protection** |  | **[ ]**  |       |       |
| **[ ]**  | Trips | **[ ]**  | Reporting Area Designated |  | **[ ]**  | Rope Grabs | **[ ]**  | Warning signs in place |  | **[ ]**  |       |       |
| **[ ]**  | Hole / Opening | **[ ]**  | Fire Extinguishers Available |  | **Fall Protection** | **[ ]**  | Barricades in place |  | **[ ]**  |       |       |
| **[ ]**  | Leading Edges | **[ ]**  | Rescue Plans Available |  | **[ ]**  | Guard Railing – Barriers | **[ ]**  | Overhead Protection |  | **[ ]**  |       |       |
| **Contact With** | **Confined Space** |  | **[ ]**  | Hole Cover – Floor Opening | **[ ]**  | Safe Aisle Way Designated |  | **[ ]**  |       |       |
| **[ ]**  | Electrical Current | **[ ]**  | Proper Training |  | **Electrical** | **[ ]**  | Ground Person Used |  | **[ ]**  |       |       |
| **[ ]**  | Operating Equipment | **[ ]**  | Evaluation Complete |  | **[ ]**  | Equipment Inspected | **Welding and Burning** |  | **[ ]**  |       |       |
| **[ ]**  | Hazardous Substance | **[ ]**  | Permit Space |  | **[ ]**  | Proper Lighting | **[ ]**  | Combustibles Identified |  | **[ ]**  |       |       |
| **[ ]**  | Temperature Extremes | **[ ]**  | Non Permit Space |  | **[ ]**  | Guards on lights | **[ ]**  | Combustibles Moved |  | **[ ]**  |       |       |
| **[ ]**  | Sharp Edges | **[ ]**  | Air Monitoring – Sampling  |  | **[ ]**  | Cable – Wire – Cord Routing | **[ ]**  | Use of Fire Blankets |  | **[ ]**  |       |       |
| **Struck By / Against** | **[ ]**  | Proper PPE Requirements |  | **[ ]**  | Broken – Exposed Wiring | **[ ]**  | Use of Welding Screens |  | **[ ]**  |       |       |
| **[ ]**  | Falling Object | **[ ]**  | Communication Procedures |  | **Crane – Lift Equipment** | **[ ]**  | Fire Watch Used |  | **[ ]**  |       |       |
| **[ ]**  | Flying Object | **[ ]**  | Supervisor |  | **[ ]**  | Proper Equipment Available | **[ ]**  | Fire Extinguisher In Area |  | **[ ]**  |       |       |
| **[ ]**  | Operating Equipment | **[ ]**  | Hole Watch – Attendant |  | **[ ]**  | Equipment Inspected | **[ ]**  | Proper Ventilation |  | **[ ]**  |       |       |
| **[ ]**  | Stationary Object | **[ ]**  | Rescue Person |  | **[ ]**  | Equipment Inspected | **[ ]**  | Equipment Grounded |  | **[ ]**  |       |       |
| **Ergonomic** | **[ ]**  | Rescue Procedure |  | **[ ]**  | Damage – Malfunctions | **Housekeeping** |  | **PPE Required** | **Yes** | **No** |       |
| **[ ]**  | Overexertion | **Energy Isolation** |  | **[ ]**  | Proper Maintenance | **[ ]**  | Work Surface Level |  | **Hard Hat** | **[ ]**  | **[ ]**  |       |
| **[ ]**  | Extending | **[ ]**  | Lockout Points Verified |  | **[ ]**  | Surface Integrity Verified | **[ ]**  | Aisles, Stairs, Floors Clean |  | **Safety Glasses** | **[ ]**  | **[ ]**  |       |
| **[ ]**  | Lifting | **[ ]**  | Scissor Hasp Utilized |  | **[ ]**  | Outrigger Placement | **[ ]**  | Storage of Materials |  | **Face Shield** | **[ ]**  |  **[ ]**  |       |
| **[ ]**  | Pulling | **[ ]**  | Locks Labeled – Tagged |  | **[ ]**  | Personnel Lift Platform | **[ ]**  | Areas Picked up Daily |  | **Goggles** | **[ ]**  |  **[ ]**  |       |
| **[ ]**  | Pushing | **[ ]**  | Lock Out Log Utilized |  | **[ ]**  | Critical Lift Plan Written | **[ ]**  | AWP’s Cleaned out Daily |  | **Welding Shield** | **[ ]**  |  **[ ]**  |       |
| **[ ]**  | Twisting | **Tools** |  | **[ ]**  | Overhead Clearances | **[ ]**  | Trash Emptied |  | **Boots** | **[ ]**  |  **[ ]**  |       |
| **[ ]**  | Repetitive | **[ ]**  | Oxygen – Acetylene on cart |  | **[ ]**  | Radius Clearances | **[ ]**  | Break area Picked up |  | **Gloves** | **[ ]**  |  **[ ]**  |       |
| **[ ]**  | Awkward | **[ ]**  | All Cylinders on cart |  | **[ ]**  | Electrical Contact Hazards | **[ ]**  | Nails pulled / bent |  | **Respirator** | **[ ]**  |  **[ ]**  |       |
| **Exposure** | **[ ]**  | GFCI’s Used |  | **[ ]**  | Communication Procedures | **Scaffolds** |  | **Hearing Protection** | **[ ]**  |  **[ ]**  |       |
| **[ ]**  | Hazardous Substance | **[ ]**  | Tools in Good Condition |  | **[ ]**  | Lift – Load Charts Verified | **[ ]**  | Inspection Tags Current |  | **Long Sleeves** | **[ ]**  |  **[ ]**  |       |
| **[ ]**  | Dust | **[ ]**  | Tool Inspections - Approved |  | **[ ]**  | Tag Lines Used | **[ ]**  | Damage – Defects |  | **Hi Visibility** | **[ ]**  | **[ ]**  |       |
| **[ ]**  | Mists | **[ ]**  | Proper Tools Available |  | **[ ]**  | Load Securement |  |  |  |  |  |  |
|  |  |  |
|  |  | **\*\*\*\*\*IF YOUR JOB CHANGES OR A NEW HAZARD IS ENCOUNTERED, STOP WORK THE PTP NEEDS TO BE CHANGED OR NEW PTP CREATED\*\*\*\*\*** |