

**Work Order No:** \_\_\_\_\_ **Site/Location:** \_\_\_\_\_  
**Task Description:** \_\_\_\_\_ **Date Prepared:** \_\_\_\_\_  
**Item(s) to be Lifted:** \_\_\_\_\_ **Date/Time of Lift** \_\_\_\_\_  
**Qualified employee** \_\_\_\_\_  
**Preparing Form** \_\_\_\_\_

1. This form is for daily task specific to normal lift & rigging tasks, meeting normal lift criteria outlined below:  Yes  No
  - 1.1 Loads weighing less than or equal to 40,000 lbs. with a known center of gravity, rigging configurations where the slings are greater than or equal to forty-five (45) degree angles from the horizontal, easy to balance and secure with lift attachment points above the center of gravity, using a single lifting point, and drifted less than 15 degrees.
2. The following cribbage will be utilized for the planned lift: \_\_\_\_\_
3. Location of where crane to be placed to make lift(s): \_\_\_\_\_
4. Which of the following has been verified prior to setting up crane?  Drawings  Ground Penetrating Radar  Soil Borings  
 Visual survey of area  Engineering  Other/Comments: \_\_\_\_\_
5. Underground Services/Utilities Identified?  Yes  No  None
6. Identify and list services/Utilities identified below grade? \_\_\_\_\_
7. Are Services/Utilities below grade to be removed from service prior to setting up crane or while crane is in use?  Yes  No
  - 7.1 If utilities are left in service, are there potential hazards/Risk?  Yes  No
  - 7.2 List hazards/Risk: \_\_\_\_\_  
 \_\_\_\_\_

**A) CRANE**

Size/Type/Configuration	_____	Last Crane Annual Inspection	_____
Manufacturer	_____	Load Line: Diameter	_____
Serial Number	_____	No. of Parts	_____
Vendor	_____	Capacity	_____

**B) SLINGS**

A. Type (Material)	_____	E. d/D Ratio	_____
B. Size	_____ in.	F. Number of Slings	_____
C. Length	_____ ft., in.	G. Other	_____
D. Rated Capacity per Sling	_____ lbs.		

**C) SHACKLES**

A. Pin Diameter	_____ in.	D. Number of Shackles	_____
B. Capacity	_____ lbs.	E. Other (chain falls, etc.)	_____
C. Shackles attached to Lobby or Collector Ring <input type="checkbox"/> Yes <input type="checkbox"/> No			

**D) RIGGING DIAGRAM & BLOCKING DIMENSIONS-** Draw out rigging plan in space below.

*Include rigging attachment points, sling angles, rigging connection points, shackles, and calculated sling tension*

*\*Multi-leg lifts must be calculated with consideration for 2 legs to support the entire load as a safety factor.*

Weight =	
No. of Legs =	
Sling Angle =	
Load Factor =	
Weight ÷ Legs x Load Factor =	
Calculated Sling Tension =	

**Calculate Minimum Dimensions of Crane Outrigger Pads**

*See example to the right*

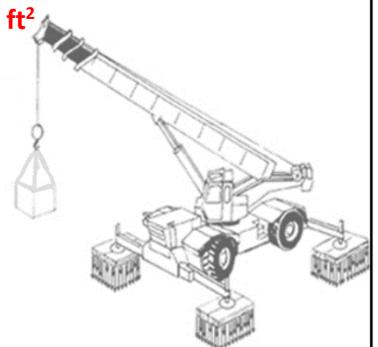
1. Calculate the Force:
  
2. Obtain the soils Ground Bearing Pressure:
  
3. Determine the Area Required:
  
4. Find the Square Root:

**BLOCKING DIMENSIONS:** \_\_\_\_\_

1. Calculate the Force  
30,000      Crane Weight  
20,000      Total Load weight  
50,000 LBS    FORCE
2. Obtain the soils Ground Bearing Pressure  
2000 PSF (max TECO allowable without approval)
3. Determine the Area Required  
50,000 LBS ÷ 2000 PSF = 25 ft<sup>2</sup>
4. Find the Square Root  
√25 = 5 ft. by 5 ft.

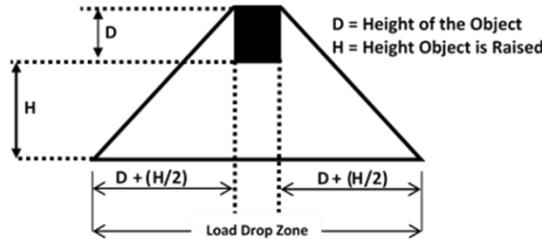
**BLOCKING DIMENSIONS:**

5 ft. x 5 ft.



**E) LOAD DROP ZONE**

- A. The Load Drop Zone (LDZ), according to OSHA, is the “area (including but not limited to the area directly beneath the load) in which it is reasonably foreseeable that partially or completely suspended materials could fall in the event of an accident.” OSHA 1926.1401
- B. For suspended loads, the LDZ shall be defined as the area underneath the load and radius from that area equal to the sum of the vertical length of the load and half of the height the load is to be lifted. Refer to the figure below for an illustration on determining the LDZ area.
- C. Additionally, the lift team shall consider the fall path if a load were to strike an object, ricochet, or bounce off an existing structure or equipment below the lift and adjust the LDZ accordingly.



Height of object: \_\_\_\_\_ feet      Height object raised: \_\_\_\_\_ feet      **Load Drop Zone:** \_\_\_\_\_ feet

**F) COMPONENT WEIGHTS**

- |                 |            |   |                   |
|-----------------|------------|---|-------------------|
| A. Load Block   | _____ lbs. | F. Headache Ball & Hook                     | _____ lbs.        |
| B. Spreader Bar | _____ lbs. | G. Cable (Load Line)                        | _____ lbs.        |
| C. Slings       | _____ lbs. | H. Other (Chain Falls, etc.)                | _____ lbs.        |
| D. Shackles     | _____ lbs. | I. Weight of Load to be lifted              | _____ lbs.        |
| E. Jib          | _____ lbs. | J. <b>Total Load to be lifted (sum A-I)</b> | _____ <b>lbs.</b> |

- K. Source of Load weight \_\_\_\_\_ (Mfg., Engineer, Truck Ticket, DWGS, Dynameter, etc.)
- L. Maximum Radius: Crane Center pin to Center of Load \_\_\_\_\_ ft.
- M. Length of Boom \_\_\_\_\_ ft.
- N. Angle of Boom at Load Pick-up \_\_\_\_\_ degrees
- O. Angle of Boom at Load Placement \_\_\_\_\_ degrees
- P. Crane capacity at max radius from load chart \_\_\_\_\_ lbs.
- Q. Lift is \_\_\_\_\_ % of rated capacity \_\_\_\_\_ %  $(J / P) \times 100$   
*If rated capacity, (Q) is 75% or less, normal lift plan is acceptable. Otherwise, proceed to fill out a critical lift plan.*

**G) COMMENTS/OTHER:**

- |  |   |
|--|---|
| <input type="checkbox"/> Job Risk Briefing Form completed and attached   | <input type="checkbox"/> Chain buckets utilized for storing excess chain if using chain falls   |
| <input type="checkbox"/> Crane Pre-shift Crane Inspection Form completed and attached                                      | <input type="checkbox"/> Tag line(s) being utilized   |
| <input type="checkbox"/> Load Attachment Points have been inspected and are in good condition                              | <input type="checkbox"/> Fall protection required yes/no for the task on hand   |
| <input type="checkbox"/> Quarterly rigging inspection has been completed and rigging condition is acceptable for this lift | <input type="checkbox"/> Evaluation for need of softeners conducted   |
| <input type="checkbox"/> All rigging hardware visually inspected prior to use  | <input type="checkbox"/> Climate conditions verified acceptable for the duration of the lift– heat, cold, wind, rain, lightning, etc. |

- No load to be suspended over personnel or occupied building(s)
- Ground bearing pressure is less than 2,000 PSF, (If greater, TECO civil engineer to be notified and initial sign here\_\_\_\_\_.
- Working near power lines? Yes/No If yes, review TECO's Crane operating near power lines Procedure
- Proper PPE in place. Hard Hats, High Visibility apparel, Safety glasses, hearing protections etc.
- TECO safe work practices have been reviewed
- Lift is being made per the lift plan
- Load drop zone been calculated, perimeter secured

Moving and/or/lifting loads around identified specific hazardous systems or over critical assets such as turbines, generators, exciters, heaters, natural gas lines, cable trays, etc. require station management notification prior to the lift being made. Check box below that is relevant if making a lift around specific hazards systems or critical assets.

- Notification has been communicated to station management that lifts are to be made over critical assets such as turbines, generators, exciters, etc.
- Notification has been communicated to station management that lifts are to be made near or over specific hazardous systems such as over high voltage cable trays, MCC's, transformers, ammonia, hydrogen, natural gas systems and/or other identified specific hazards prior to making the lift.

Signing below indicates a pre-lift meeting with all parties has been conducted and all concerns for the lift have been addressed

<u>H) SIGNATURES</u>	<u>PRINT NAME</u>	<u>SIGNATURE</u>	<u>DATE</u>
*Qualified Crane Operator	_____	_____	_____
*Qualified Rigger	_____	_____	_____
*Qualified Signal Person	_____	_____	_____
*Contractor Qualified Lift Dir.	_____	_____	_____
**TECO Supervisor	_____	_____	_____
TECO Engineer	_____	_____	_____
Primary Contractor Site Mgr.	_____	_____	_____
Sub-Contractor Site Mgr.	_____	_____	_____
Other _____	_____	_____	_____
Other _____	_____	_____	_____
Other _____	_____	_____	_____

\*Minimum required parties to attend pre lift meeting and sign  
 \*\*TECO Supervisor required to review and verify lift plan prior to lifts being conducted by a contractor

Document Submitted to Tampa Electric Date/Time/Representative\_\_\_\_\_