



**STOP** if not clear how to do the work

# Critical Lifting | Critical Checklist



## When to use

**Important: Attach to completed JSA**

When Heavy Equipment Lifting Critical Checklist has determined lift to be Critical

**Owner's representative or designee must be informed 72 hours prior to any critical lift activity**

Work Order Number:	Site Location:
Lifting Contractor:	Date:
Description of work:	Lift Radius:
Load Weight (max load weight and radius for group of lifts):	Crane's rated Capacity at lift radius:
Name of critical lift plan approver:	Date:
What could go wrong?:	

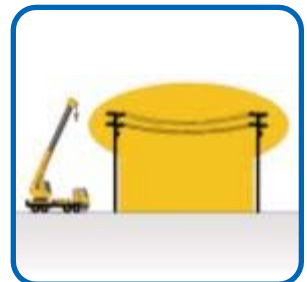
## BEFORE work begins | Create Critical lift plan

**Done**

- 1. At least 72 hours prior to actual lift, create a **Critical Lift Plan** to include the following:
  - Elevation view drawing
  - Boom length \_\_\_\_\_ m and lifting radius \_\_\_\_\_ m
  - Maximum load during lifting procedure \_\_\_\_\_ tonnes
  - Minimum boom clearances (load, obstructions or power lines) \_\_\_\_\_ m
  - Plan view drawing(s)
  - Initial/final lifting position and radius
  - Location of the crane(s), including tail-swing limits, nearby structure
  - Lift analysis including calculation of crane capacity at lift radius \_\_\_\_\_ %



- 2. Operator is trained, competent, licenced where required, in safe operation of crane
- 3. Crane(s) located at correct position as per Critical Lift Plan
- 4. Each crane supported on firm, stable base/foundation, outriggers deployed and blocked
- 5. Lift equipment has been certified in the last year, in good condition, appropriate for the lift and meets manufacturer's specifications
- 6. Lift equipment / apparatus (slings/straps/hooks) are in good condition, appropriate for the lift, and use does not exceed the rated capacity
- 7. Equipment or materials to be lifted are stable, wrapped and tied; lifting apparatus are securely fixed and balanced
- 8. Review minimum required clearance between live electrical lines and any part of the crane, load, or load line - see table at right:
- 9. Lift area and swing radius are barricaded and traffic controls in place
- 10. Equipment operator(s) have a clear view of the work area
- 11. Dedicated signaller(s)/spotter(s) are used and communication method with each signaller/spotter is defined and understood
- 12. Use of proper tag line(s) / guiding rope(s) for suspended loads
- 13. Good access and egress in case of emergency
- 14. All persons kept a safe distance from lifting activity. No persons under suspended load during lifting activity, including inside buildings



Voltage (V)	Minimum Clearance (m)
750-150k	3.0
150k-250k	4.5
>250k	6.0



Name of equipment operator:	Signature:	Date:
Name of spotter:	Signature:	Date:



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# Working at Heights | Critical Checklist



## When to use

**Important: Attach to completed JSA**

Use before a worker begins an activity where feet are more than 1.8 metres above grade, floor or surface.  
**Determine if work at height can be avoided through procedural changes or facility modifications.**

**Preference should be given to use of elevated work platforms vs. ladders or scaffold.**  
**Mobile scaffolds are not permitted for heights >1.8 metres.**

### For all ladder use:

- Maintain 3 points of contact, use helper if needed
- Do not carry items in your hands going up or down the ladder

### For all working at heights:

- Assess if conditions are safe (weather/utility lines)
- Erect proper barricades when required
- Complete Fall Protection/Rescue Equipment Checklist when harness is used

Work Order Number:

Site Location:

Contractor:

Date:

Description of work:

What could go wrong?

## BEFORE work begins | Select appropriate equipment and complete the steps

### Done General Requirements (for ALL Equipment types)

- 1. Worker is competent and trained in work at height
- 2. Position equipment on a level, stable surface
- 3. Equipment is in good condition with suitable load rating, made from acceptable material
- 4. Ensure safe distance is maintained from high voltage cables

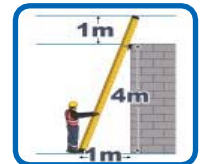
### Done STEP & PLATFORM Ladders – fall protection required

- 1. Extend and lock cross bars and outriggers where applicable
- 2. Wheels on platform ladders must be locked
- 3. Worker will not work off of top two steps on a step ladder
- 4. Duration of task on step ladders will not exceed 30 minutes per day



### Done EXTENSION ladder | use only for inspection / access (do not work from ladder)

- 1. Tie off upper part or co-worker holds the ladder
- 2. Top of ladder extends 1 meter above the edge
- 3. Ladder is at a suitable angle (3-4:1 ratio)
- 4. Minimum overlap of 1m for extended sections



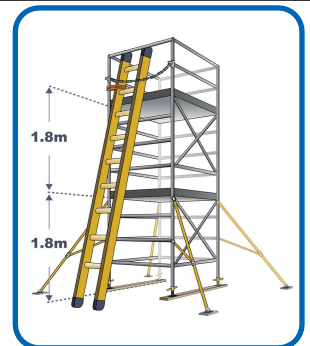
### Done POWER ELEVATED PLATFORM (scissor/bucket lift)

- 1. Confirm annual inspection certificate is available and current
- 2. Perform daily inspection of lift equipment prior to use
- 3. Worker is tied off at all times to engineered tie off point when lift is in motion



### Done STATIONARY SCAFFOLDING

- 1. Use fall protection when erecting or dismantling scaffold at heights >1.8 metres
- 2. Install proper top guardrails, midrails & toe boards
- 3. Working platform to be fully decked, properly secured and/or cleated
- 4. Lock each level in place before installing next level
- 5. Install tie-ins when total height to base ratio exceeds 3:1
- 6. Scaffold erected by competent person/company and tagged prior to use
- 7. Access scaffold only via properly installed ladder or stairs
- 8. No work under scaffold and only authorized workers in work area
- 9. Lift and lower equipment by rope, hoist or worker to worker



**I have reviewed this Checklist and all other work arrangements with all other workers involved in this work**

Name:

Signature:

Date:



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# Fall Protection / Rescue Equipment Checklist



**When to use** **Important: Attach to completed JSA**

Complete daily before first use of fall protection or rescue equipment

Date: \_\_\_\_\_ Worker Name: \_\_\_\_\_

**If the equipment below has arrested a fall, the harness, lanyard and life line(s) must be taken out of service and destroyed. Retractables must be inspected before being used again for fall protection**

Full body harness info		Rope grab info		Lanyard/Lifeline info	
Make:		Make:		Make:	
Model:		Model:		Type: <input type="checkbox"/> Single <input type="checkbox"/> Double	
Serial Number:		Serial Number:		Length:	
Manufacture Date:		Lifeline size (dia):		Shock Absorber: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of Inspection:		Date of Inspection:		Date of Inspection:	

Inspect the Following:	Full body harness		Rope Grab		Lanyard/Lifeline	
	Ok <input type="checkbox"/>	Not Ok <input type="checkbox"/>	Ok <input type="checkbox"/>	Not Ok <input type="checkbox"/>	Ok <input type="checkbox"/>	Not Ok <input type="checkbox"/>
<b>Hardware:</b> (includes snap hooks, carabiners, adjusters, keepers, thimbles, D-rings, temporary tie-off's)  Look for distortion, sharp edges, burrs, cracks, corrosion and proper operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:						
<b>Webbing and Stitching:</b> Inspect for cuts, burns, tears, abrasion frays, excessive soiling, written on, and discoloration.  Inspect for pulled or cut stitches.  Note: writing on webbing, unauthorized modifications, partial deployment of shock absorber are not permitted.	<input type="checkbox"/>	<input type="checkbox"/>	[Hatched Area]		<input type="checkbox"/>	<input type="checkbox"/>
Comments:						
<b>Labels/Equipment information</b>  Inspect to ensure all labels are present and held securely in place, all text is legible, directional indicator is visible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:						
<b>Mechanical components:</b>  Locking mechanism functioning, all connectors present and functioning, gates open/close, system operates as designed	[Hatched Area]		<input type="checkbox"/>	<input type="checkbox"/>	[Hatched Area]	
Comments:						
<b>Ropes:</b> (includes slings, lifelines and lanyards) Inspect for broken threads, fibers, loose eye connections, excessive abrasions, crushing, stretching	[Hatched Area]		[Hatched Area]		<input type="checkbox"/>	<input type="checkbox"/>
Comments:						
Overall Assessment	Ok <input type="checkbox"/>	Replace <input type="checkbox"/>	Ok <input type="checkbox"/>	Replace <input type="checkbox"/>	Ok <input type="checkbox"/>	Replace <input type="checkbox"/>
Comments:						

Comments:

**I have reviewed this Checklist and completed a thorough review of the noted fall protection equipment**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

VER. P005-05-14 Use of this form is subject to applicable local laws/regulations, does not replace the need to use good judgment nor applicable practices, and does not in any way amend or modify or supersede the terms or conditions of any contract by and between Owner and contractor.