

# PDCA Long Form Critical Lift Plan

A Lift Plan Should Be Completed Prior To Mobilization Of Equipment And Rigging

Job# _____	Job Description/Name _____	Date of Lift _____	Date of Plan _____
Lift Equipment Description _____			
Type of Lift	<input type="radio"/> Driven Piles <input type="radio"/> General Lift <input type="radio"/> Sheet Pile Extraction		
Load/Lift Description _____			

Pile Info	
Type of Pile	_____
Length of Pile	_____ ft
Weight Per Foot	_____ lbs
Total Pile Weight	_____ lbs
Lead Info	
Type of Leads	N/A
Length of Leads	_____ ft
Weight per Foot	_____ lbs
Weight of Rooster Sheave	_____ lbs
Weight of Pin Up Point	_____ lbs
Weight of Head Block	_____ lbs
Pony Leads	_____ lbs
Weight of Stabbing Guides (ACIP)	_____ lbs
Weight of Outriggers/Spotter	_____ lbs
Total Lead Weight	_____ lbs
Hammer/Hood Info (Vibratory/Impact)	
Type of Hammer	_____
Weight of Hammer	_____ lbs
Weight of Hood	_____ lbs

Hose Info	
Length of Power Pack Hose	_____ ft
Weight per Foot (Full = ?/ft)	_____ lbs
Length of Grout Hose	_____ ft
Weight per Foot (Full = ?/ft)	_____ lbs
Total Weight of Hoses	_____ lbs
Flighting/Drill Stem Info	
Diameter of Flighting/Drill Stem	_____ in
Length of Flighting/Drill Stem	_____ ft
Weight Per Foot	_____ lbs
Total Flighting/Drill Stem Weight	_____ lbs
Hydraulic Drill Info (ACIP/PreDrill)	
Type of Drill Motor	N/A
Weight of Hydraulic Drill	_____ lbs
Casing Info	
Diameter of Casing	_____ in
Length of Casing	_____ ft
Weight per Foot	_____ lbs
Total Weight of Casing	_____ lbs
Rebar Cage Info	
Diameter of Cage	_____ in
Length of Cage	_____ ft
Weight per Foot	_____ lbs
Other (Access Tubes, Bracing, Etc)	_____ lbs
Total Weight of Rebar Cage	_____ lbs

Line Fall Info			
	Front Drum	Rear Drum	Third Drum
Cable Size	_____ in	_____ in	_____ in
Num. of Parts of Cable	_____	_____	_____
Length of Line fall	_____ ft	_____ ft	_____ ft
Weight Per Foot	_____ lbs	_____ lbs	_____ lbs
Total Line Fall Weight	_____ lbs	_____ lbs	_____ lbs
Cable Capacity (Single Line Pull)	_____ lbs	_____ lbs	_____ lbs
Capacity of Parted Cable	_____ lbs	_____ lbs	_____ lbs
Weight of Load	_____ lbs	_____ lbs	_____ lbs
Percentage	#DIV/0!	#DIV/0!	#DIV/0!



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A Load/Equipment	
1. Weight of Pile	_____ lbs
2. Weight of Leads	_____ lbs
3. Weight of Hammer w/Hood	_____ lbs
4. Weight of Hoses	_____ lbs
5. Weight of Flighting/Drill Stem	_____ lbs
6. Weight of Hydraulic Drill Motor	_____ lbs
7. Weight of Casing	_____ lbs
8. Weight of Rebar Cage	_____ lbs
9. Weight of Line Fall (All 3 Drums)	_____ lbs
12. Weight of Head Ache Ball	_____ lbs
13. Weight of Block	_____ lbs
14. Weight of Rigging	_____ lbs
15. Weight of Jib	_____ lbs
16. Weight of Ball on Jib	_____ lbs
17. Weight of Misc. Items	_____ lbs
18. Load	_____ lbs
19. Safety Factor 10%	_____ lbs
<b>Total Weight</b>	<b>_____ lbs</b>
19. Safety Factor ONLY applies to Sheet Pile Extraction	

B Jib	
Erected <input type="radio"/>	Stowed <input type="radio"/> Not Attached to Crane <input checked="" type="radio"/>
Note: If Stowed Move to "Section C"	
1. Is Jib to be Used	N/A _____
2. Length of Jib	_____ ft
3. Angle of Jib	_____ Degrees
4. Rated Capacity of Jib from Chart	_____ lbs

C Crane Placement	
1. Ground Condition (Firm, Level, Stable)	Explain: _____
2. Matting Required? (Type/Size? Quantity?)	Explain: _____
3. Electrical Hazards in Area?	Explain: _____
4. Over Head Power Lines/Obstructions in Area?	Explain: _____
5. Obstructions in Lift or Swing Radius?	Explain: _____
6. Swing Direction and Degrees "Boom Swing"	Explain: _____

D Communications	
1. Type of Communication to be used	Hand Signals <input type="checkbox"/> Radio <input type="checkbox"/>

E Rigging Info	
Sling Selection	
a. Type of Arrangement	_____
b. Number of Slings Used in Lift	_____
c. Sling angle	_____
d. Sling Size/Length	_____
e. Rated Capacity of Sling	_____
f. Rated Capacity of Arrangement	_____
Shackle Selection	
a. Capacity (Tons)	_____ Tons
b. Shackle Connection Point (Location)	_____
FROM BLOCK TO VIBRO	

F Crane		
1. Type of Crane	_____	
2. Crane Capacity (Tons)	_____ Tons	
3. Counter Weight Configuration	ABC+A	
Lifting Arrangement		
a. Max Distance - Center of Load to Center Pin of Crane	_____ ft	
b. Length of Boom	_____ ft	
c. Angle of Boom at Pick	_____ Degrees	
d. Angle of Boom at Set	_____ Degrees	
e. From Chart- Rated Capacity of Crane for this Lift (Use 360° Chart)	_____ lbs	
Max Load on Crane	_____	
Lift is	#DIV/0!	of cranes rated capacity
#DIV/0!		

G Pre Lift Check List			
1. Outriggers/Tracks Fully Extended	Yes <input type="radio"/>	No <input type="radio"/>	NA <input checked="" type="radio"/>
2. Swing Room	Yes <input type="radio"/>	No <input type="radio"/>	NA <input checked="" type="radio"/>
3. Head Room checked	Yes <input type="radio"/>	No <input type="radio"/>	NA <input checked="" type="radio"/>
4. Taglines Used	Yes <input type="radio"/>	No <input type="radio"/>	NA <input checked="" type="radio"/>
5. Qualified Operator Card Verified	Yes <input type="radio"/>	No <input type="radio"/>	NA <input checked="" type="radio"/>
Name: _____			
6. Designated Signal Person	Yes <input type="radio"/>	No <input type="radio"/>	NA <input checked="" type="radio"/>
Name: _____			
7. Designated Rigger	Yes <input type="radio"/>	No <input type="radio"/>	NA <input checked="" type="radio"/>
Name: _____			
8. Load Chart in Crane	Yes <input type="radio"/>	No <input type="radio"/>	NA <input checked="" type="radio"/>
9. Operator Manual in Crane	Yes <input type="radio"/>	No <input type="radio"/>	NA <input checked="" type="radio"/>
10. Swing Radius Barricades	Yes <input type="radio"/>	No <input type="radio"/>	NA <input checked="" type="radio"/>
11. Wind Conditions	_____ mph		
<b>Maximum Wind Speed Allowed by Crane Manufacturer ?</b> _____			
12. Daily Crane Inspection By:	_____ OPERATOR		

"If wind speeds exceed manufacturer recommendation, STOP WORK"

Special Instructions or Restrictions for Crane, rigging, Lift, Etc.	

Multiple Crane Lifts Require a Separate Lift Plan for Each Crane  
Any Changes in the Configuration of the Crane, Placement, Rigging, Lift Scheme, etc., or Changes in any Calculations Require that a New Lift Plan be Developed.

Project Manager Signature _____	Job Superintendent Signature _____
Date _____	Date _____
General Superintendent _____	Division Safety Manager _____
Date _____	Date _____

"If wind speeds exceed manufacturer recommendation, STOP WORK".