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| **1. Administration** |
| **Lift Plan Author:** |  |
| **Lift Plan No.** |  | **Date:** |  | **Rev:** |  |
| **Site / Location:** |  |
| **Category:** | **1** |  | **2** |  | **3** |  |
| **References:** |  |
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| **Authorised - Name** |  | **Date:** |  | **Sig:** |  |
| **Approved - Name** |  | **Date:** |  | **Sig:** |  |
| **Endorsed - Name** |  | **Date:** |  | **Sig:** |  |

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| **2. Description of Lift** |
| **Lift:** |  | **From:** |  |
| **Route:** |  |
| **To:** |  | **Using:** |  |

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| **3. Lift Team** |
|  | **Quantity** |
| **Competent / Appointed Person:** |  |
| **Crane Operator:** |  |
| **Banksman:** |  |
| **Slinger:** |  |
| **Lead Rigger:** |  |
| **Rigger:** |  |
| **Appliance Operator:** |  |
| **Other:** |  |
| **Person who verified lift team qualifications:** |  |

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| **4. Load** |
| **Known Load Weight:** |  |
| **Calculated Load Weight:** |  |
| **Estimated Load Weight:** |  |
| **Factor:** |  |
| **Total:** |  |
| **Weight of Rigging:** |  |
| **Additional Weight:** |  |
| **Gross Load Weight:** |  |
| **Gross Load Weight + Dynamic Factor:** |  |

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| **CoG:** |  |
| **Stability:** |   |
| **Integrity:** |  |
| **Content:** |  |

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| **L** |  | **W** |  | **H** |  |
| **Overall Load Height:** |  |

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| **5. Load Lifting Points** |
| **Lifting Points:** |  **Certified** |  |
| **Uncertified**Reference approval. |  |
| **Slinging Points:** |  |
| **Threaded Hole Lifting Points:** |  |

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| **6. Material / Equipment List** |
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| **Appliance Utilisation:** |  |
| Gross Load Weight ÷ Appliance Capacity x 100 = Utilisation (%) |

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| **Are there any items of lifting equipment or accessories that do NOT have valid certification?** | **Yes** |  | **No** |  |
| **If YES, record equipment and alternative evidence.** |  |

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| **Uncertified Anchor or Fixing Points:** |  **Identification** |  |
| **Approval** |  |

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| **Ground Bearing Capacity:** |  |
| **Ground bearing Pressure:** |  |
| **Mat / Pad Size:** |  |

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| **7. Additional Equipment** |
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| **8. Lift Point, Travel Route, Landing Point and Surrounding Area** |
| **Lift Point:** |  |
| **Travel Route:** |  |
| **Landing Point:** |  |
| **Surrounding Area:** |  |

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| **9. Lift Area Controls** |
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| **10. Environmental Conditions** |
| **Visibility:** |  |
| **Lightning:** |  |
| **Rain, Hail, Snow and Ice:** |  |
| **Temperature:** |  |
| **Sea State / SWH:** |  |
| **Wind Speed:** |  |

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| **11. Communications** |
| **Primary Method of Communication** | **Radio** |  | **Hand** |  | **Verbal** |  |
| **Are Subsea Protocols Required** | **Yes** |  | **No** |  |
| **Is a Radio Check Required?** | **Yes** |  | **No** |  |
| **Is Radio Silence Required?** | **Yes** |  | **No** |  |
| **Is any part of the Lift Blind?** | **Yes** |  | **No** |  |
| **Emergency or Incident Procedure:** |  |

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| **12. Operational Behaviour** |
| **Unsafe Positions:** |  |
| **Confined / Restricted Space:** |  |
| **Blind Lift:** |  |
| **Hatch Lift:** |  |
| **Manual Handling:** |  |
| **Working at Height:** |  |
| **Shift Handover:** |  |
| **Other:** |  |

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| **13. Step-by-step / Method Statement** |
| **Actions** | **Responsible** |
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| **14. Technical Drawings, Diagrams, Photographs or Sketches** |
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| **15. Toolbox Talk** |
| **Toolbox Talk Completed:** | **Yes** |  | **No** |  |
| **Date Completed:** |  |
| **Attendee Names and Signatures**  |
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| **16. Lessons Learned** |
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