

MOBILE CRANE CHECKLIST EXPLANATION

FORM EXPLANATION AND INFORMATION

Purpose/Procedure:

- The purpose of this form is to provide a tool to document basic conditions associated with mobile cranes. For the purpose of this procedure, all of the following are considered "mobile cranes" and require the use of this form:
 - Hydraulic cranes;
 - Truck / wheel-mounted cranes;
 - o Crawler / lattice cranes (including those used during caisson operations);
 - o Boom trucks with articulating / knuckle-boom cranes (e.g. those used to deliver drywall);
 - o Any other mobile cranes.
- Subcontractors utilizing a form, which includes those items on Power's mobile crane checklist, may complete their form and submit to Power on a daily basis (or as required).
- The competent person responsible for the crane operation is to complete mobile crane checklist at the start of the shift and when the crane is moved on-site and new hazards are identified. The subcontractor utilizing the crane is solely responsible for inspecting the crane as required.
- Completed copies of the mobile crane checklist are to be submitted to Power on a daily basis.
 Issues identified during the observation should be corrected prior to operation if the issue affects the safe operation of the crane.
- Completed forms should be reviewed by the project team for completeness and potential issues and stored in the weekly safety file.
- Any questions related to this procedure should be directed to Power's Safety Department.



MOBILE CRANE CHECKLIST

| THIS FORM IS TO BE COMPLETED PRIOR TO OPERATING A MOBILE CRANE (AT START OF SHIFT OR MOVED ON PROJECT). THIS INCLUDES HYDRAULIC, TRUCK/WHEEL-MOUNTED, CRAWLER/LATTICE, ARTICULATING/KNUCKLE BOOM CRANES, ETC. | | | |
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| 11113 1140 | LODES IL | DIAULIC | , THOON WHELE-INDUSTED, CHAWLEN, EATHEL, ARTICULATING, RIVOCKEE BOOM CRAINES, ETC. |
| PROJECT: | | | DATE : TIME: |
| | | | Subcontractor/ |
| LOCATION: | | | LESSEE NAME: |
| COMPLETED BY | | | |
| (COMPE | TENT PER | son): _ | QUALIFIED RIGGER: |
| CERTIFIED SIGNAL | | | ASSEMBLY/DISASSEMBLY |
| PERSON: | | | DIRECTOR: |
| CRANE SUPPLIER: | | | CRANE TYPE/SIZE/MODEL: |
| Power Supervisor: | | | |
| TOWER SOFERVISOR. | | | |
| YES | No | N/A | ITEM TO ADDRESS |
| | | | Is Operating Engineer City of Chicago certified? |
| | | | Is crane log current? |
| | | | Is annual certification current? |
| | | | Have ground conditions been evaluated and accepted by subcontractor? |
| | | | Outriggers utilized per manufacturer requirements |
| | <u> </u> | | Swing radius protection in place |
| | | | Power lines identified and addressed |
| | | <u> </u> | Verified weight of load is within crane chart |
| | | <u> </u> | Has critical lift worksheet been completed (as required)? |
| | <u> </u> | <u> </u> | Rigging is in acceptable condition and proper type and size for job |
| <u> </u> | <u> </u> | <u> </u> | Taglines are being used |
| <u> </u> | <u> </u> | <u></u> | Swing path routed to protect employees and pedestrians |
| Ц. | <u> </u> | <u> </u> | Critical operations and air traffic identified (helipads, airport) |
| <u> </u> | <u> </u> | <u> </u> | One signal person has been assigned & means of communication determined |
| <u> </u> | <u> </u> | <u> </u> | Wind speed is within acceptable limits per manufacturer |
| Horn functioning | | | |
| If the answer to any of the above items is "No" and the hazards cannot be corrected, do not proceed with the lift. Contact your supervisor immediately. | | | |
| COMMENTS | | | |
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Mobile Crane Checklist Revised January 2013