



The University of Michigan  
**Crane - Safety Checklist**



**LIFT EVALUATION FORM**

1. Activity:		
Location of Lift:		Date:
2. Description of Load:	Load Weight:	
	Block Weight:	
	Spreader Weight:	
	Rigging Weight:	
	Jib Weight:	
	Jib Ball Weight:	
	Hoist Line Weight:	
	Total Load:	
3. Crane Manufacturer:		
Model Number:		Serial Number:
Maximum Load Radius:		On Outriggers:
Corresponding Boom Angle:		On Tires:
Corresponding Boom Length:		On Crawler-Extended Retracted:
Lift will Be: <input type="checkbox"/> On Boom <input type="checkbox"/> On Jib <input type="checkbox"/> Over Side <input type="checkbox"/> Over End		
Rated Capacity:		
Capacity Margin = (Total Load / Rated Capacity) x 100 =		
4. Are there Underground Hazards? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Soil Conditions:		
Will Blocking or Crane Mat be Used? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are there Fire or Explosive Hazards Within Reach? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are There Electrical Hazards Within Reach? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Has Permit Been Obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Prepared by:		Date:

