|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **JOB PREPARATION AND PERMITS CHECK** | | | | | | | | | |  | **CRANE LIFT CHECKLIST** | | | | | | |  | **DAILY TASK ANALYSIS CARD** | | | | | | | | | | | | | | | | | | | | | | |
| **PERMITS REQUIRED** | | | | | | | | | |  | **\*\*\*\*This form does not substitute a Pre Task Plan, Lift Plan or Critical Lift Plan\*\*\*\*** | | | | | | |  |  | | | | | | | | | | | |  | | | | | | | | | | |
|  | | Confined Space | | |  | | Energy Control | | |  |  | **Date:** | | | | | | | | | | |
|  | | Overhead Work | | |  | | Grating Removal | | |  | **Yes** | | | **No** | **ITEM** | | |  | **Shift:** | | |  | 1st | | |  | | 2nd | |
|  | | Roof Access | | |  | | Hot Work | | |  |  | | |  | Is the operator qualified to operate this piece of  equipment? | | |  |  | |  | | | |  | |  | |  |
|  | | Safe Work | | |  | | Excavation | | |  |  | **Location:** | | | |  | | | | | | | | | | | | | | | | | | |
|  | | Floor Cover Removal | | |  | | Guardrail Removal | | |  |  | | |  | Equipment inspection complete? | | |  | **Name:** | | | |  | | | | | | | | | | | | | | | | | | |
| **JOB PREPARATION** | | | | | | | | | |  |  | | |  | Has the path been walked down and obstructions identified? | | |  | **Contractor:** | | | |  | | | | | | | | | | | | | | | | | | |
|  | | Oxygen / Flammability / Toxic substance checked? | | | | | | | |  |  | **STA-Card #:** | | | | | | | | | | | | | | | | | | | | | | |
|  | | Confined space procedure / Rescue plan reviewed? | | | | | | | |  |  | | |  | Has the weight of the load been verified? | | |  |
|  | | All valves, disconnects in proper position, tagged and locked? (Number of Locks): | | | | | | | |  |  | | |  | Is the load within 75% of the machines capacity (load chart) | | |  | **Task Steps** | | | | | | | **Hazards** | | | | | | | | | | **Corrective Measures** | | | | | |
|  |  |  | | | | | | |  | | | | | | | | | |  | | | | | |
|  | | Blinds Installed? | | | | | | | |  |  | | |  | Will a tag line be needed? | | |  |
|  | | Communicated work with others in area? | | | | | | | |  |  | | |  | Area checked for high voltage sources? | | |  |
|  | | Reviewed SDS’s of any hazardous substance that might be  present? | | | | | | | |  |  | | |  | Is the signal person certified? | | |  |  | | | | | | |  | | | | | | | | | |  | | | | | |
|  |  | | |  | Has all rigging been inspected and properly utilized? | | |  |
|  | | Rigging plan complete? | | | | | | | |  |  |
|  | | | | | | | | | |  |  | | |  | Are all personnel clear of overhead loads? | | |  |  | | | | | | |  | | | | | | | | | |  | | | | | |
| **STA-Card AUDIT (Must Be Done at Least Once per Shift)** | | | | | | | | | |  |  | | | | | | |  |
| **Auditor** | | | | | | **Date** | | **Time** | |  | **END OF DAY TASK REVIEW CHECK** | | | | | | |  |
|  | | | | | |  | |  | |  |  | | | | | | |  |  | | | | | | |  | | | | | | | | | |  | | | | | |
|  | | | | | |  | |  | |  | **Yes** | | | **No** | **ITEM** | | |  |
|  | | | | | |  | |  | |  |  | | |  | Work area cleaned up / Barricades installed or removed where needed? | | |  |
|  | | | | | | | | | |  |  |  | | | | | | |  | | | | | | | | | |  | | | | | |
| **Changes to the PTP** | | | | | | | | | |  |  | | |  | All tags released and signed off / Lock out tag out locks removed? | | |  |
|  | | | | | | | | | |  |  |
|  | | | | | | | | | |  |  | | |  | Permits turned in? | | |  |  | | | | | | |  | | | | | | | | | |  | | | | | |
|  | | | | | | | | | |  |  | | |  | Job status communicated to customer / next shift? | | |  |
|  | | | | | | | | | |  |  |
|  | | | | | | | | | |  |  | | |  | Equipment shut down / secured? | | |  |  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | |  |  | | |  | Hot work monitored after work completed. | | |  | **+ FIRST AID LOCATIONS +** | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | |  |  | | | | | | |  |  | | Eyewash Station: | | | | | | | | |  | | | | | | | | | | | |
|  | | | | | | | | | |  | **SENTINEL EVENT – IS AN OBSERVATION, NEAR** | | | | | | |  |  | | First Aid Kit: | | |  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | |  | **MISS OR INCIDENT THAT COULD CAUSE DEATH.** | | | | | | |  |  | | Emergency Shower: | | | | | | | |  | | | | | | | | | | | | |
|  | | | | | | | | | |  |  | | | | | | |  |  | | Emergency Telephone: | | | | | | | | | |  | | | | | | | | | | |
|  | | | | | | | | | |  | **THIS FORM IS TO BE USED IN CONJUNCTION WITH** | | | | | | |  | **+ EMERGENCY CONTACTS +** | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | |  | **YOUR COMPANY PRE TASK PLANS.** | | | | | | |  | Durr Project Safety Manager: | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | |  |  | | | | | | |  | Client Site Safety: | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | |  |  | | | | | | |  | Site Nurse: | | | | | | | | | | | | | | | | | | | | | | |
| **>>>>>>>>>> IDENTIFY POTENTIAL HAZARDS AND ELIMINATE <<<<<<<<<<** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Pinch Points** | | |  | | | Fumes | |  | |  | All Guards in Place | | | | **Rigging** | |  | |  | | Properly Erected | | | | | | | | | | Names of who is covered | | | | | | | | | |
|  | | Caught In |  | | | Noise | |  | |  | All Handles in Place | | | |  | Proper Equipment Available |  | |  | | Easy Access | | | | | | | | | | under this STAC? | | | | | | | | | |
|  | | Caught Between |  | | | Hot Temperatures | |  | | **Personal Fall Arrest Systems** | | | | |  | Rigging Inspected |  | | **Ladders** | | | | | | | | | | | |  | | | | | | | | | |
|  | | Caught On |  | | | Cold Temperatures | |  | |  | Full Body Harness | | | |  | Chain Falls Inspected |  | |  | | Proper Type Available | | | | | | | | | |  | | | | | | | | | |
|  | | Shear Points |  | | | Radiation | |  | |  | Proper Anchorage Point | | | |  | Come-A-Longs Inspected |  | |  | | Ladders Secured | | | | | | | | | |  | | | | | | | | | |
|  | | Nip Points |  | | | Biological | |  | |  | Shock Absorbing Lanyard | | | |  | Softeners Used |  | |  | | 3’ Beyond Landing | | | | | | | | | |  | | | | | | | | | |
| **Falls** | | | **Emergency Planning** | | | | |  | |  | Retractable Life Line | | | |  | Correct Rigging Used |  | |  | | Spreader Arms Open | | | | | | | | | |  | | | | | | | | | |
|  | | To Different Levels |  | | | Shelter Area Designated | |  | |  | Vertical Life line | | | |  | Lifting Points Inspected |  | | **Additional Items** | | | | | | | | | | | |  | | | | | | | | | |
|  | | Slips |  | | | Evacuation Route Planned | |  | |  | Horizontal Life Lines | | | | **Work Zone Protection** | |  | |  | |  | | | | | | | | | |  | | | | | | | | | |
|  | | Trips |  | | | Reporting Area Designated | |  | |  | Rope Grabs | | | |  | Warning signs in place |  | |  | |  | | | | | | | | | |  | | | | | | | | | |
|  | | Hole / Opening |  | | | Fire Extinguishers Available | |  | | **Fall Protection** | | | | |  | Barricades in place |  | |  | |  | | | | | | | | | |  | | | | | | | | | |
|  | | Leading Edges |  | | | Rescue Plans Available | |  | |  | Guard Railing – Barriers | | | |  | Overhead Protection |  | |  | |  | | | | | | | | | |  | | | | | | | | | |
| **Contact With** | | | **Confined Space** | | | | |  | |  | Hole Cover – Floor Opening | | | |  | Safe Aisle Way Designated |  | |  | |  | | | | | | | | | |  | | | | | | | | | |
|  | | Electrical Current |  | | | Proper Training | |  | | **Electrical** | | | | |  | Ground Person Used |  | |  | |  | | | | | | | | | |  | | | | | | | | | |
|  | | Operating Equipment |  | | | Evaluation Complete | |  | |  | | Equipment Inspected | | | **Welding and Burning** | |  | |  | |  | | | | | | | | | |  | | | | | | | | | |
|  | | Hazardous Substance |  | | | Permit Space | |  | |  | | Proper Lighting | | |  | Combustibles Identified |  | |  | |  | | | | | | | | | |  | | | | | | | | | |
|  | | Temperature Extremes |  | | | Non Permit Space | |  | |  | | Guards on lights | | |  | Combustibles Moved |  | |  | |  | | | | | | | | | |  | | | | | | | | | |
|  | | Sharp Edges |  | | | Air Monitoring – Sampling | |  | |  | | Cable – Wire – Cord Routing | | |  | Use of Fire Blankets |  | |  | |  | | | | | | | | | |  | | | | | | | | | |
| **Struck By / Against** | | |  | | | Proper PPE Requirements | |  | |  | | Broken – Exposed Wiring | | |  | Use of Welding Screens |  | |  | |  | | | | | | | | | |  | | | | | | | | | |
|  | | Falling Object |  | | | Communication Procedures | |  | | **Crane – Lift Equipment** | | | | |  | Fire Watch Used |  | |  | |  | | | | | | | | | |  | | | | | | | | | |
|  | | Flying Object |  | | | Supervisor | |  | |  | | Proper Equipment Available | | |  | Fire Extinguisher In Area |  | |  | |  | | | | | | | | | |  | | | | | | | | | |
|  | | Operating Equipment |  | | | Hole Watch – Attendant | |  | |  | | Equipment Inspected | | |  | Proper Ventilation |  | |  | |  | | | | | | | | | |  | | | | | | | | | |
|  | | Stationary Object |  | | | Rescue Person | |  | |  | | Equipment Inspected | | |  | Equipment Grounded |  | |  | |  | | | | | | | | | |  | | | | | | | | | |
| **Ergonomic** | | |  | | | Rescue Procedure | |  | |  | | Damage – Malfunctions | | | **Housekeeping** | |  | | **PPE Required** | | | | | **Yes** | | **No** | | | | |  | | | | | | | | | |
|  | | Overexertion | **Energy Isolation** | | | | |  | |  | | Proper Maintenance | | |  | Work Surface Level |  | | **Hard Hat** | | | | |  | |  | | | | |  | | | | | | | | | |
|  | | Extending |  | | | Lockout Points Verified | |  | |  | | Surface Integrity Verified | | |  | Aisles, Stairs, Floors Clean |  | | **Safety Glasses** | | | | |  | |  | | | | |  | | | | | | | | | |
|  | | Lifting |  | | | Scissor Hasp Utilized | |  | |  | | Outrigger Placement | | |  | Storage of Materials |  | | **Face Shield** | | | | |  | |  | | | | |  | | | | | | | | | |
|  | | Pulling |  | | | Locks Labeled – Tagged | |  | |  | | Personnel Lift Platform | | |  | Areas Picked up Daily |  | | **Goggles** | | | | |  | |  | | | | |  | | | | | | | | | |
|  | | Pushing |  | | | Lock Out Log Utilized | |  | |  | | Critical Lift Plan Written | | |  | AWP’s Cleaned out Daily |  | | **Welding Shield** | | | | |  | |  | | | | |  | | | | | | | | | |
|  | | Twisting | **Tools** | | | | |  | |  | | Overhead Clearances | | |  | Trash Emptied |  | | **Boots** | | | | |  | |  | | | | |  | | | | | | | | | |
|  | | Repetitive |  | | | Oxygen – Acetylene on cart | |  | |  | | Radius Clearances | | |  | Break area Picked up |  | | **Gloves** | | | | |  | |  | | | | |  | | | | | | | | | |
|  | | Awkward |  | | | All Cylinders on cart | |  | |  | | Electrical Contact Hazards | | |  | Nails pulled / bent |  | | **Respirator** | | | | |  | |  | | | | |  | | | | | | | | | |
| **Exposure** | | |  | | | GFCI’s Used | |  | |  | | Communication Procedures | | | **Scaffolds** | |  | | **Hearing Protection** | | | | |  | |  | | | | |  | | | | | | | | | |
|  | | Hazardous Substance |  | | | Tools in Good Condition | |  | |  | | Lift – Load Charts Verified | | |  | Inspection Tags Current |  | | **Long Sleeves** | | | | |  | |  | | | | |  | | | | | | | | | |
|  | | Dust |  | | | Tool Inspections - Approved | |  | |  | | Tag Lines Used | | |  | Damage – Defects |  | | **Hi Visibility** | | | | |  | |  | | | | |  | | | | | | | | | |
|  | | Mists |  | | | Proper Tools Available | |  | |  | | Load Securement | | |  |  |  | |  | | | | | | | |  | | | |  | | | | | | | | | |
|  | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | **\*\*\*\*\*IF YOUR JOB CHANGES OR A NEW HAZARD IS ENCOUNTERED, STOP WORK THE PTP NEEDS TO BE CHANGED OR NEW PTP CREATED\*\*\*\*\*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |