

FIELD LEVEL RISK ASSESSMENT – Crane Operation & Movement

GENERAL INFO:

Employee Name: _____ Date: _____ Unit No: _____
 Customer: _____ Location: _____ W.O./JobNo: _____

TRAVEL/CRANE MOVEMENT:

- | | |
|--|---|
| <input type="checkbox"/> Daily Log book/Pre-Op safety check completed and signed | <input type="checkbox"/> County permits with unit <input type="checkbox"/> N/A |
| <input type="checkbox"/> Steps and decks clear | <input type="checkbox"/> Boom dolly connected and functioning properly |
| <input type="checkbox"/> Boom lowered to clear overhead hazards | <input type="checkbox"/> Route walked with spotter <input type="checkbox"/> N/A |
| <input type="checkbox"/> Boom lowered and secured for travel/House lock applied (no boom dolly) | <input type="checkbox"/> Loose items secured for travel |
| <input type="checkbox"/> Boom erected, secured for travel (ATs)/House lock applied, block tied-off | |
| <input type="checkbox"/> Boom erected, outriggers extended for onsite travel as per manufacturer (ATs) | |
| <input type="checkbox"/> All storage and jib pins checked and painted red | |

Hazards	No	Yes	Hazard Controls/Action Required
Hazardous weather conditions	<input type="checkbox"/>	<input type="checkbox"/>	_____
Poor visibility	<input type="checkbox"/>	<input type="checkbox"/>	_____
Overhead utility lines, bridges	<input type="checkbox"/>	<input type="checkbox"/>	_____
Route or access questionable	<input type="checkbox"/>	<input type="checkbox"/>	_____
Over-size/weight load or vehicle	<input type="checkbox"/>	<input type="checkbox"/>	_____

SET-UP & HOISTING:

Task or Load Description: _____

Temperature: _____ Weather Conditions: _____ Wind Speed: _____

- | | |
|--|--|
| <input type="checkbox"/> Access/egress points/uneven surfaces inspected | <input type="checkbox"/> Reviewed client/crew's TASC and initialed <input type="checkbox"/> N/A |
| <input type="checkbox"/> Manufacturers Jib Erection/Stowage procedure reviewed with crew | <input type="checkbox"/> Fall arrest equipment required |
| <input type="checkbox"/> Jib Erection/Stowage – final check – all pins/plugs/cables in place | <input type="checkbox"/> Fall arrest equipment inspected prior to use <input type="checkbox"/> N/A |
| <input type="checkbox"/> Reconfiguration checked all pins, plugs, cables, and reeving | |

Hazard	No	Yes	N/A	Hazard Controls/Action Required
1. Ground Conditions , such as soft or questionable ground; trenches; tunnels u/g structure; slips, trips, and falls; buried utilities/sewers, basins, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Overhead Structures , such as power lines, buildings, bridges, light standards, scaffolding, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Lift area obstructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Identified tail swing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Outrigger obstruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Other crane(s) in working area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. Rigging – capacity and visual inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. Signaller identified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Name: _____
9. Tandem/multi-crane lift	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
10. Are radios required/extra batteries available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
11. Emergency procedures available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Assembly & First-aid Areas: _____
12. Engineered lift (i.e. underground obstructions, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
13. Other hazards: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

POST JOB/END OF SHIFT:

- | | |
|---|--|
| <input type="checkbox"/> Housekeeping completed | <input type="checkbox"/> Tooling, rigging, mats, etc. stowed and secured |
| <input type="checkbox"/> Waste disposed properly, spill reported <input type="checkbox"/> N/A | <input type="checkbox"/> Equipment post-op/walk around complete |
| <input type="checkbox"/> Permits signed-off and returned <input type="checkbox"/> N/A | <input type="checkbox"/> Equipment ready for travel |

SIGN-OFF:

Completed and reviewed with crew directly involved with all work to be done

Operator (signature): _____ Client (signature): _____ Refused, state reason(s) i.e. using own FLRA

CREW SIGN-OFF: (print and sign) – use back of page for additional signatures

