

PERSONNEL PLATFORM LIFT PLANNING AND AUTHORIZATION FORM

1. Location: _____ Date: _____

2. Purpose of Lift: _____

3. Crane location: _____ Crane capacity: _____

4. Crane last annual inspection date (*Fermilab Crane Office*): _____

5. Hoisting eqpt. mfg: _____ Model: _____ Serial #: _____

6. Platform ID: _____ Platform load rating: _____

7. Platform weight: _____ Type: (Pin On) _____ (Suspended) _____

8. (A) Number of platform occupants: _____ (B) Approx. wt. (with equip): _____

9. Total lift weight: _____ [7 + 8(B)] [May not exceed 50% of the rated capacity of the hoisting equipment, except during proof testing]

10. Personnel lift director: _____

11. What are the alternatives to this personnel lift? _____

12. Why are they not being used? _____

Fermilab Crane Office Signature & ID Number

Date

Personnel Lift Authorizer (DSO or designee) Signature & ID Number

Date

13. Pre-lift briefing held: _____ AM/PM

Attendees: _____

14. Anticipated hazards (obstructions, visibility, live power): _____

15. Lift accomplished Date: _____ Time: _____

16. Remarks: _____

Lift Director Signature & ID Number

Date

Upon conclusion of lift, completed form to be filed with ESH&Q at MS-119