

PERSONNEL PLATFORM LIFT PLANNING AND AUTHORIZATION FORM

1. Location: _____ Date: _____

2. Purpose of Lift: _____

3. Crane location: _____ Crane capacity: _____

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

5. Platform ID: _____ Platform rating: _____

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

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

8. Total lift weight: _____ [6 + 7(B)] [May not exceed 50% of the rated capacity of the hoisting equipment, except during proof testing]

9. Personnel lift director: _____

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

11. Why are they not being used? _____

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

Date

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

Attendees: _____

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

14. Lift accomplished Date: _____ Time: _____

15. Remarks: _____

Lift Director Signature & ID Number

Date