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| --- | --- | --- | --- | --- | --- |
| Mobile crane |  |  | Truck Mounted Crane |  |  |
|  |
| A1. Crane positioning |
| Is the crane / device set in the indicated place, on the prepared ground / ground with adequate load capacity? Is the ground under the supports aligned?  |  | Exclusion zone set (dangerous) |  |
| Are the supports properly set up? |  | The risk of works in collision with other devices on site (eg other cranes, concrete pumps, etc.)? |  |
| Have the correct system spread pads been used? |  | Other (specify):……………………………………………………….  |  |
| Is crane is properly positioned with respect to the overhead powerlines, edge of the excavations, etc.? |  |  |  |
| IN CASE OF CHANGE OF CRANE LOCATION ON SITE – THE OPERATOR AND DIRECT SUPERVISOR ARE OBILGED TO ENSURE SAFE POSITIONING CONDITION AT PLACE |

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| A2. Control-list of crane and lifting equipment |
| Subject | YES |  | Subject | YES | NO | N/A |
| Does the crane have a current UDT decision allowing to use? |  | Tag line required? |  |  |  |
| Has the operator appropriate UDT license? |  | Appropriate means of communication provided (radio)? |  |  |  |
| Are the slings in good condition and have legible labels with permissible working load limit WLL parameter? [kg, t] |  |

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| A3. Information on loads and slings |
| Loads |  | Fastening technique / type of slings |
| Description of loads |  |  | Description of the fastening technique:e.g. lifting with a load strapped, fixed points of the load (hooks, handles intended for this purpose, other),  |  |
| Package typenp. pallet, basket, beam, etc.  |  |  | Type of slings used |  |
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| A4. Operation planning [items checked and correct] |
|  | Crane apropriate to the weight of the load |  | Selected slings are proper to size and weight of the load |  | Ensured Slingman/Signaller – checked (also on-site instruction/training) |  | Prepared safe loading and storage point (ceiling, platforms, laydown areas). |
|  |  |  |  |  |  |  |  |
| A5. Applicant – Contractor Carrying out the work [statement of the safe operations posibility] |
| Name: | Contractor company name: | Date: | Signature |
|  |  |  |  |