

Lifting Operations Assessment Form Part 1 - Documentation

Date	
Project	Rushden Workshop/Depot Lifting Operations

The Crane/Lifting Device		
Owners Name, Address, Phone No.	Lynch Plant (Rushden)	
Technical Representative	Chris Radford	
Excavator/Equipment Make & Model	8T Kobota – Quick Hitch HILL TEFRA KX80/MH10 -63134 @5T	
Registration and/or Plant No.	8356 – 47233 – KX0804	
Rig Configuration(s)	Main Boom (3.63m) with dipper arm (2.1m)	
Special Ballast Required	*YES / NO - Details: Full	
Operator Name (1)	Sam Bailey	
CITB NPORS Card Details	Reg. No: 769702	Expiry Date: 31/08/29
Operator Name (2)	See attached list	
CITB NPORS Card Details	Reg. No:	Expiry Date:
Examination Scheme Expiry Date	Reg. No: 23199	Expiry Date: 07/10/26
Pre-use Checks Completed	Yes / No	*Details Daily

Lifting Accessories Carried			
Item	Identification No.	S.W.L	6 Monthly thorough examination – Expiry date
See lifting register			

Acceptance Signature			
I have checked the above items as indicated and confirm that to the best of my knowledge, they are in good order and that this form is therefore valid until the prescribed date.			
Print Name		Date	
Sign		Form valid until	

 Copy to Appointed Person
 Copy to Operator *(to be kept in crane cab at all times)*

Lifting Operations Assessment Form

Part 2 - Use

Date	
Project	

The Job					
Brief Description of Work				Crane Location	
Load Weight		Max. Height of Lift:		Max. Radius Lift:	
Lifting Accessories					
Obstructions (Overhead Cables, Existing Buildings, etc.)					
Ground Conditions		Voids & Traps		Underground Services	
Road Closure	Yes / No	Access		Public Interface	

The Specifying Team					
Appointed Person			Crane Specifier		
Foundation Specifier			Lifting Accessory Specifier		
Will crane be...	HIRED AND MANAGED on site	Yes / No	FULLY SUBCONTRACTED?	Yes / No	

The Crane				
Make & Model			Registration / Plant No.	
Part 1 - Form Checked	Yes / No		Valid Until	
Weekly crane inspection – re-checked and up to date			Yes / No	

Radio Communications				
Crane to Crane radios required	Yes / No		Crane to S/S radios	Yes / No

The Temporary Works (Crane Base & Outrigger Supports)				
Standard Solution (TIN42) i.e. Outrigger Pad Size?				
Special Design	Yes / No		Checked to Comply	Yes / No
By Whom			By Whom	

Lifting Accessories Carried			
Item	Identification No.	S.W.L	6 Monthly thorough examination – Expiry date

The Operations Team				
Appointed Person			Lift Supervisor	
Operator / Driver			Slinger / Signaller	

Acceptance Signatures (Distribution of copies to these persons plus Slinger/Signallers)					
Appointed Person	I have checked all the above items and confirm that to the best of my knowledge the crane is capable of carrying out the lifts described within the limits specified.	Sign		Date	
Crane Supervisor	I am aware of the lifts for which the use of this crane is authorised & any limitations imposed & will ensure to the best of my ability the crane is not used outside these limits. I have informed crane operator & slinger/signaller(s) accordingly.	Sign		Date	
Crane Driver(s)	I am aware of the lifts for which the use of this crane is authorised and any limitations imposed & will ensure that to the best of my ability the crane is not used outside these limits.	Sign	1. 2.	Date	