

Personnel Basket Checklist

Inspected By: _____ Inspection Date: _____

Personnel/Man Basket Number: _____ Capacity: _____

Crane Operator: _____ Location: _____

- _____ Crane leveled, outriggers fully extended and on solid footing
- _____ Hydraulic leaks, visual walk around
- _____ Cable drum, even and smooth wraps
- _____ Cable path, unobstructed with functioning anti two block
- _____ Cable, visual inspection to verify no kinks or distortion
- _____ Locking type safety latch, "hook pin," cotter pin, bolt and nut
- _____ Cable clamp, tightened and secure
- _____ Personnel basket inspection tag in place and legible
- _____ Basket cables, good condition
- _____ Basket cable clamps, good condition and tightened
- _____ Basket grating, toe plate intact, no separation in securing welds
- _____ Safety choker, hooked above headache ball, must be at least 5/8" diameter
- _____ Personnel basket tag line, attached and secure, free of defects
- _____ Experienced or certified flag person
- _____ Competent operator
- _____ Personnel basket test lift, equal to or greater than 125% of basket capacity
- _____ Safe work environment
- _____ Acceptable weather condition

Test Data Record:

Test Start Time: _____ AM PM Boom Length: _____ Radius: _____

Boom Angle: _____ Jib Length: _____ Weight: _____

End Test Time: _____ AM PM

Test / Operators Signature: _____ Date: _____

Note: The combination weight of the load, platform, and all rigging must not exceed 50% of the rated capacity of the crane. This checklist must be completed with each change of location or change of operator.

Due to the nature of inherent risk associated with the use of a personnel basket, failure to comply with the proper testing or completion of this checklist will result in termination.

If multiple locations are required during testing, please attach an additional sheet or record the specified data on the reverse side of this sheet.

Item to be Lifted: _____

Maximum radius: crane center pin to center of load _____ ft.
Length of boom _____ ft.
Angle of boom at pick up _____ degrees
Angle of boom at set _____ degrees
Rated capacity of crane at maximum radius _____ lbs.
Reference # of chart used _____
Maximum allowable wind speed _____ mph
(reference crane manufacturer's actual load on crane) _____
Maximum actual load on crane _____ lbs.
Lift is _____ % of crane's rated capacity
Load Line: Diameter _____ No. of Parts _____ Capacity: _____

SLINGS

Type (material) _____
Size _____ inch
Length _____ ft, in.
Rated capacity per sling _____ lbs.
Sling angle(s) _____ degrees
d/D ratio (is de-rating required?) _____
Number of slings _____
Condition _____

SHACKLES

Body diameter _____ in.
Capacity _____ lbs.
Shackles attached to lobby or collector ring? _____ yes / no
Number of shackles _____

COMMENTS

Prepared by: _____

Approved by: _____

Operator: _____

Rigger: _____

Crane Comp Person: _____

Supervisor: _____

Print Name

Signature

Date

Perform Pre-Lift Checklist Day of Lift

Item to be lifted: _____

PRE-LIFT CHECKLIST

	Yes	No
Ground conditions acceptable?	_____	_____
Matting acceptable?	_____	_____
Crane in good condition?	_____	_____
Is the crane level?	_____	_____
Lift and swing path clear of obstructions?	_____	_____
Lift and swing path clear of electrical hazards?	_____	_____
Personnel clear of swing path?	_____	_____
Softeners for slings?	_____	_____
Lifting lugs on load checked?	_____	_____
Rigging per plan and in "Acceptable" condition?	_____	_____
Tag line used?	_____	_____
Operator certified?	_____	_____
Climatic conditions acceptable? (wind, ice, etc)	_____	_____
Lift is being made per the Lift Plan?	_____	_____

If any of the above items requires further action, list special instructions or restrictions for crane, rigging, etc.

Approved by:

Operator: _____

Rigger: _____

Print Name

Signature

Date