SSD-026

CRITICAL LIFT PERMIT

Authorize a critical lift only after the lift plan, crane capacity, rigging, personnel, site conditions, load path, and emergency arrangements are verified.

2 Project Information		**3 Permit Number**	
5 Jobsite Location		**4 Date**	
1 Company Information		**Lift Date / Time**	Date: _____ Time: _____
6 Lift Description		**7 Reason for Critical Lift Classification**	
8 Crane Information (Make, Model, Capacity, Unit Number)		**12 Lift Director**	

1–17 Permit, Lift, Crane, Load, and Personnel Information Define the lift, classification basis, equipment, team, and load parameters.

9–11 Operator, Signal Person, and Rigger(s)	13–16 Load Information
9 Operator Information: _____ 10 Signal Person: _____ 11 Rigger(s): _____ Qualifications verified: ☐ Yes ☐ No Lift Director / team briefing roster attached: ☐ Yes ☐ No	13 Load Description: _____ 14 Load Weight: _____ Rigging weight: _____ 15 Load Dimensions: L_____ W_____ H_____ 16 Center of Gravity (if known): _____ Weight source / verification: _____

Critical Lift Basis Apply company, owner, project, and regulatory criteria; use the most protective requirement when criteria differ.

LIFT PARAMETER	17 LIFT RADIUS	18 BOOM LENGTH	CONFIGURATION	CHART CAPACITY	PERCENT CAPACITY
PLANNED	_____	_____	_____	_____	_____ %

Confirm crane configuration, capacity-chart use, load weight, rigging weight, radius, boom length, deductions, and planned load path before authorization.

STOP WORK when conditions change, capacity or load data are uncertain, communication is lost, exclusion zones are breached, or the permit expires.

18–19 Rigging Inspection Checklist and Crane Inspection Verification Document each required verification before the pre-lift meeting and authorization.

RIGGING / CRANE CHECK	REQUIREMENT / ITEM	YES	NO	N/A	DEFICIENCY / CORRECTIVE ACTION	INSPECTOR / DATE
1	Slings, shackles, hooks, spreader bars, lifting points, and hardware identified and capacity verified			L:__ S:__ R:__	L:__ S:__ R:__	
2	Rigging inspected; tags/markings legible; no damage, deformation, wear, or unauthorized modification			L:__ S:__ R:__	L:__ S:__ R:__	
3	Rigging configuration, angles, edge protection, hitch, and load control method verified			L:__ S:__ R:__	L:__ S:__ R:__	
4	Crane inspection verification complete; annual/periodic/daily records current and deficiencies resolved			L:__ S:__ R:__	L:__ S:__ R:__	
5	Crane setup, counterweight, boom/jib, outriggers, mats, level, and capacity chart match lift plan			L:__ S:__ R:__	L:__ S:__ R:__	

RIGGING / CRANE CHECK	REQUIREMENT / ITEM	YES	NO	N/A	DEFICIENCY / CORRECTIVE ACTION	INSPECTOR / DATE
6	Safety devices, operational aids, wire rope, hook block, brakes, and controls verified			L:__ S:__ R:__	L:__ S:__ R:__	
7	Load weight, deductions, radius, boom length, clearance, tag lines, and lift path independently checked			L:__ S:__ R:__	L:__ S:__ R:__	

A qualified person must verify rigging selection and configuration. Required crane inspections and documentation must be current and available.

Control Priority: Eliminate unnecessary lift exposure → verify engineering and capacity → stabilize the crane → control the load path and area → use qualified personnel, communications, rigging, and PPE.

20–28 Ground, Weather, Power Lines, PPE, Communications, Meeting, Inspections, and Emergency Planning

20–21 Ground Conditions Assessment / Weather Conditions	23 Required Personal Protective Equipment (PPE)
20 Ground Conditions Assessment: ☐ Bearing capacity verified ☐ Voids/utilities reviewed ☐ Outrigger mats / cribbing adequate ☐ Crane level and setup area controlled 21 Weather Conditions: Wind: _____ Limit: _____ Forecast reviewed: ☐ ☐ Lightning / precipitation / visibility acceptable Ground / weather restrictions: _____	☐ Hard hat ☐ High-visibility apparel ☐ Safety glasses / goggles ☐ Gloves - type: _____ ☐ Protective footwear ☐ Hearing protection ☐ Fall protection ☐ Radio / communication equipment ☐ Weather-specific PPE Other: _____

20–28 Site Conditions, Required Controls, and Emergency Procedures

22 Power Line Clearance Verification	☐ No lines ☐ De-energized/grounded ☐ Clearance maintained	**24 Communication Method**	☐ Standard signals ☐ Radio ☐ Direct voice ☐ Other
25 Pre-Lift Safety Meeting Verification	☐ Complete Date/time: _____	**Exclusion Zone / Barricades**	☐ Established ☐ Access controlled
26 Rigging Inspection Checklist	☐ Complete ☐ Deficiencies corrected	**27 Crane Inspection Verification**	☐ Daily ☐ Annual/periodic ☐ Documents reviewed
28 Emergency Procedures	Stop signal / load control: _____	**Emergency Contact / Rescue Plan**	Method / location: _____

Lift Plan References and Supporting Documents

☐ Engineered lift plan / calculations	☐ Crane capacity chart / configuration	☐ Rigging plan / certificates	☐ Crane inspection records
☐ Ground-bearing / mat plan	☐ Utility / power-line documentation	☐ Pre-lift meeting roster	☐ Other: _____

Lift Change / Stop-Work Trigger

STOP WORK and revise the permit when the load, weight, rigging, crane configuration, radius, boom length, ground conditions, weather, power lines,

personnel, communication, lift path, adjacent operations, or other permit conditions change; after an equipment concern, near miss, or unexpected movement.

Do not resume until the lift director reassesses the plan, corrects deficiencies, repeats the briefing as needed, and obtains reauthorization.

19 Lift Path Sketch/Diagram Area		**Sketch / Diagram Reference Number**	
Show crane position, load origin/destination, swing path, obstructions, exclusion zone, power		**Prepared / Reviewed By**	

lines, and tag-line locations.			

29 Authorization Signatures Signatures confirm the lift plan, roles, inspections, controls, and emergency procedures were reviewed.

29 AUTHORIZATION SIGNATURES	PRINTED NAME	SIGNATURE	DATE / TIME
Operator			
Lift Director			
Supervisor			
Owner / Engineering Approval (if required)			

30–31 Permit Closeout and Record Retention: Confirm the lift outcome, secure the area and equipment, and document final disposition.

By signing, I confirm that I understand the critical-lift plan, assigned role, load and crane data, rigging, communication, exclusion zones, emergency actions, and stop-work responsibilities.

PRE-LIFT / LIFT CONTROL VERIFICATION	RESPONSIBLE PERSON	DATE / TIME	VERIFIED / INITIALS
Critical-lift plan and roles reviewed			
Load weight, center of gravity, and lifting points confirmed			
Crane configuration and capacity independently verified			
Rigging selected, inspected, and installed as planned			
Ground, outriggers, mats, and crane level verified			
Weather and wind within established limits			
Power-line clearance and lift path verified			
Communications, tag lines, and exclusion zone tested			
Emergency procedures and stop signal reviewed			
Comments / deviation reference			

29 Authorization Signatures (Operator, Lift Director, Supervisor) | 30 Permit Closeout | 31 Record Retention

30 Permit Closeout	☐ Lift complete ☐ Suspended ☐ Cancelled ☐ Reauthorization required	**Closeout Date / Time**	
Lift Outcome / Final Verification	☐ Load secure ☐ Crane/rigging clear ☐ Area released ☐ Deficiencies documented	**Final Approval / Comments**	
31 Record Retention Location / Period		**Permit Closed / Retained By**	

IMPORTANT: This permit supports critical-lift planning but does not replace applicable laws, engineered lift plans, crane capacity charts, manufacturer instructions, qualified-person or competent-person duties, owner requirements, or professional judgment. The employer remains responsible for accurate data, suitable equipment, qualified personnel, effective controls, authorization, closeout, and record retention.