

All lifting operations must be carried out in accordance with Lifting Operations Procedure HS-PRO-014.

LOCATION OF THE LIFT	
LIFT DESCRIPTION:	
LOAD WEIGHT:	

PART A (COMPLETE FOR ALL LIFTS)	Yes	No	N/A
1. Has a Risk Assessment been completed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the load less than 10 tonnes? (If NO , then this lift is classified as a 'Complex' Lift.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are personnel being lifted in a Work Box by the means of a Crane or Forklift? (If YES , then this lift is classified as a 'Complex' Lift.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is the lift within of the manufacturer's Load Chart Limit for the configuration used during the lift? (If NO , then this lift is classified as 'Complex' Lift.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Have all personnel involved in the Lift, been trained and certified (if/where applicable) to operate and/or use the lifting device(s) and/or equipment involved? (Refer to Lifting Operations Procedure (HS-PRO-014, Section 6.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Does the load have certified lifting points (lifting lugs/collared eyebolts) fitted? If not, can slings be wrapped easily around the load (no sharp edges, load not fragile etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you inspected the rigging equipment, including soft slings for damage or defects?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Are all lifting lugs, spreader bars/beams and other lifting devices to be used certified for use and the Safe Working Load (SWL) or Working Load Limit (WLL) clearly marked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Is there ample headroom for the lifting appliance & slings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Is the lift stable and balanced (e.g., centre of gravity below lifting points)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Is the load free to be lifted (e.g., hold down bolts removed, cables disconnected)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Is the lifting route clear of obstructions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Is the lift suitably secure so no part of the load can fall at any time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Is there a suitable lay down area available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Have all persons within the lift area been told that the lift is taking place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Has appropriate exclusion zone been established (with barricading) to restrict unauthorised access?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Has a reliable form of communication been established?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART B (COMPLETE FOR COMPLEX LIFTS ONLY)	Yes	No
18. Has a specific Job Hazard Analysis (JHA) been completed for the lift?	<input type="checkbox"/>	<input type="checkbox"/>
19. Is the JHA attached to the Lifting Operations Checklist?	<input type="checkbox"/>	<input type="checkbox"/>
20. Has a specific Safe Work Method Statement (SWMS) been completed for the lift?	<input type="checkbox"/>	<input type="checkbox"/>



21. Is the SWMS attached to the Lifting Operations Checklist?	<input type="checkbox"/>	<input type="checkbox"/>
22. Has the High-Risk Activity Form been completed for the lift and a copy submitted to the WHS team?	<input type="checkbox"/>	<input type="checkbox"/>
23. Is the High-Risk Activity Form attached to the Lifting Operations Checklist?	<input type="checkbox"/>	<input type="checkbox"/>
24. Has a lift plan been developed? Has the following been considered: <ul style="list-style-type: none"> • Are outrigger pads appropriate to prevent damage to underground services? • Is the wind speed within the manufacturers' requirements for the configuration being used? 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
25. Has a pre-lift briefing been conducted with the lifting crew? (Complete HS-FRM-083 Site Orientation.)	<input type="checkbox"/>	<input type="checkbox"/>
26. Is the Site Orientation HS-FRM-083, attached to the Lifting Operations Checklist?	<input type="checkbox"/>	<input type="checkbox"/>
27. Have all underground services in vicinity of outrigger pads been identified (Dial Before You Dig DBYD, or other relevant documentation)?	<input type="checkbox"/>	<input type="checkbox"/>
28. Has the "Dial Before You Dig" or other relevant documentation been attached to the Lifting Operations Checklist?	<input type="checkbox"/>	<input type="checkbox"/>
29. If additional rigging is required to balance the load has this been carried out by an appropriately licenced Rigger?	<input type="checkbox"/>	<input type="checkbox"/>
30. If lifting personnel in a Work Box: <ul style="list-style-type: none"> • Is one of the persons in the workbox a competent and certified Dogman? • Are all persons in the workbox wearing a full body fall-arrest harness attached to a suitable anchor point? • Has an Emergency Rescue Plan been completed for the Lift and attached to the Lifting Operations Checklist? 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
31. If lifting within an electrical exclusion zone, are the requirements of the Working On or Near Energised Electrical Installation Procedure (HS-PRO-004) being observed?	<input type="checkbox"/>	<input type="checkbox"/>
32. Do all workers have all their licences (High Risk Licences, White Cards etc.) with them on site?	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered YES to all the above questions, you can approve and proceed with the lift.

If you have answered NO to any of the above questions, provide written solutions to control the issue and attach to this form!

Checklist Completed By:		Signature		Date	
Checklist Confirmed By Lift Operator:		Signature		Date	
Checklist Confirmed By Contractor:		Signature		Date	
Supervisor:		Signature		Date	

