FIELD LEVEL RISK ASSESSMENT – Crane Operation & Movement

GENERAL INFO:
Employee Name: ___________________________ Date: ___________________________ Unit №: ___________________________
Customer: ___________________________ Location: ___________________________ W.O./Job №: ___________________________

TRAVEL/CRANE MOVEMENT:
☐ Daily Log book/Pre-Op safety check completed and signed
☐ Steps and decks clear
☐ Boom lowered to clear overhead hazards
☐ Boom lowered and secured for travel/House lock applied (no boom dolly)
☐ Boom erected, secured for travel (ATs)/House lock applied, block tied-off
☐ All storage and jib pins checked and painted red
☐ County permits with unit ☐ N/A
☐ Boom dolly connected and functioning properly
☐ Route walked with spotter ☐ N/A
☐ Loose items secured for travel

Steps and decks clear
Boom lowered to clear overhead hazards
Boom lowered and secured for travel/House lock applied (no boom dolly)
Boom erected, secured for travel (ATs)/House lock applied, block tied-off
All storage and jib pins checked and painted red

Hazard Controls/Action Required

SET-UP & HOISTING:

Task or Load Description: ____________________________________________
Temperature: ___________ Weather Conditions: ___________________________ Wind Speed: ___________

☐ Access/egress points/uneven surfaces inspected
☐ Manufacturers Jib Erection/Stowage procedure reviewed with crew
☐ Jib Erection/Stowage – final check – all pins/plugs/cables in place
☐ Reconfiguration checked all pins, plugs, cables, and reeving
☐ Reviewed client/crew’s TASC and initialed ☐ N/A
☐ Fall arrest equipment required
☐ Fall arrest equipment inspected prior to use ☐ N/A

Hazard
1. Ground Conditions, such as assrot or questionable ground;
   trenches; tunnels u/g structure; slips, trips, and falls; buried
   utilities/sewers, basins, etc.
2. Overhead Structures, such as power lines, buildings, bridges,
   light standards, scaffolding, etc.
3. Lift area obstructions
4. Identified tail swing
5. Outrigger obstruction
6. Other crane(s) in working area
7. Rigging – capacity and visual inspection
8. Signaller identified
9. Tandem/multi-crane lift
10. Are radios required/extra batteries available
11. Emergency procedures available
12. Engineered lift (i.e. underground obstructions, etc.)
13. Other hazards:

Hazard Controls/Action Required

POST JOB/END OF SHIFT:
☐ Housekeeping completed
☐ Waste disposed properly, spill reported ☐ N/A
☐ Permits signed-off and returned ☐ N/A
☐ Tooling, rigging, mats, etc. stowed and secured
☐ Equipment post-op/walk around complete
☐ Equipment ready for travel

SIGN-OFF:
☐ Completed and reviewed with crew directly involved with all work to be done
☐ Refused, state reason(s) i.e. using own FLRA

Operator (signature): ___________________________ Client (signature): ___________________________

SIGN-OFF: (print and sign) – use back of page for additional signatures

CREW SIGN-OFF: (print and sign) – use back of page for additional signatures

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