

## LIFTING PLAN (NON CRANE)

<b>Site:</b>		<b>Contract No:</b>			
<b>Work Supervisor:</b>		<b>Prepared by:</b>			
<b>Brief Description of the Work or material being delivered / uplifted:</b>					
<b>Schedule of 'Routine' Lifts</b>					
<i>Description of load</i>	<i>Approx. Weight (Kg)</i>	<i>Approx.</i>		<i>Method</i>	<i>Remarks</i>
		<i>Reach (m)</i>	<i>Height (m)</i>		
Continuation Sheet Attached – Yes / No					
<b>Equipment to be used for the Lift</b>			<b>*Please tick the appropriate box</b>		
Telehandler	<input type="checkbox"/>	Forklift	<input type="checkbox"/>	Hoist	<input type="checkbox"/>
				Lorry Loader	<input type="checkbox"/>
				Excavator	<input type="checkbox"/>
Other:					
<b>Make:-</b>					
<b>Model:-</b>					
<b>Serial No:</b>					
<b>Attachments, Bucket, Jib etc</b>					
<b>Test Certificate</b>	Date of Last inspection:				
<b>Lifting Capacity</b>	Max Safe Working Load (Kgs)				
	Maximum Height (m) / load				
	Maximum Reach (m) / load				

## LIFTING PLAN (NON CRANE)

Hazards Identified / Known on Site				
Hazard	Yes	No	People at Risk	Control Measures
Fall Prevention	<input type="checkbox"/>	<input type="checkbox"/>		Air Bags <input type="checkbox"/> Bean Bags <input type="checkbox"/> Proprietary System <input type="checkbox"/> Others (specify) <input type="checkbox"/>
Overhead Electric lines	<input type="checkbox"/>	<input type="checkbox"/>		
Other Overhead Obstacles	<input type="checkbox"/>	<input type="checkbox"/>		
Excavations	<input type="checkbox"/>	<input type="checkbox"/>		
Unstable / Soft Ground	<input type="checkbox"/>	<input type="checkbox"/>		
Hazardous Substances	<input type="checkbox"/>	<input type="checkbox"/>		
Public Interface	<input type="checkbox"/>	<input type="checkbox"/>		
Traffic / Road	<input type="checkbox"/>	<input type="checkbox"/>		
Other Vehicles	<input type="checkbox"/>	<input type="checkbox"/>		
Restricted access	<input type="checkbox"/>	<input type="checkbox"/>		
Loss / Fall of load	<input type="checkbox"/>	<input type="checkbox"/>		
Overturning of Equipment	<input type="checkbox"/>	<input type="checkbox"/>		
Collision / Impact – Vehicles, Plant, Pedestrians, Building	<input type="checkbox"/>	<input type="checkbox"/>		
Stability of Load	<input type="checkbox"/>	<input type="checkbox"/>		
Other	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Operator</b>				
Name				
Competence	CPCS <input type="checkbox"/> Or Equivalent Qualification if CPCS training is not available for plant.			
Valid Until			Ticket No	
<b>Declaration</b>				
<b>Operator / Delivery Driver</b>	I confirm that the risks and the safe system of work for undertaking the lifts have been briefed to me and if changes occur I will stop work and advise the works supervisor of the changes.		Signature _____ Date _____	
<b>Work Supervisor</b>	I confirm that I have checked the competency of the above operative and the certification and condition of the plant and equipment and briefed the above in the safe system of work.		Signature _____ Date _____	