

LIFTING PLAN (NON CRANE)

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

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)
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"/>		
Operator				
Name				
Competence	CPCS <input type="checkbox"/> Or Equivalent Qualification if CPCS training is not available for plant.			<input type="text"/>
Valid Until			Ticket No	
Declaration				
Operator / Delivery Driver	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
Work Supervisor	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