

## 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> |  |                     |  |

### Schedule of 'Routine' Lifts

| Description of load | Approx. Weight (Kg) | Approx.   |            | Method | Remarks |
|---------------------|---------------------|-----------|------------|--------|---------|
|                     |                     | Reach (m) | Height (m) |        |         |
|                     |                     |           |            |        |         |
|                     |                     |           |            |        |         |
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|                     |                     |           |            |        |         |
|                     |                     |           |            |        |         |

Continuation Sheet Attached – Yes / No

#### Equipment to be used for the Lift

\*Please tick the appropriate box

Telehandler       Forklift       Hoist       Lorry Loader       Excavator

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    |  |  |

| 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"/><br>Bean Bags <input type="checkbox"/><br>Proprietary System <input type="checkbox"/><br>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<br><input type="checkbox"/> Or Equivalent Qualification if CPCS training is not available for plant. |           |  |
| Valid Until |   | Ticket No |  |

**Declaration**

|                                   |  |                       |
|-----------------------------------|--|-----------------------|
| <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<br><br>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<br><br>Date |