Hazard Control Verification (✓)

1. Annual crane certification/NDT current? ☐ **YES** ☐ **NO**

Expiry date: .....

2. Certified operator at the controls? ☐ **YES** ☐ **NO**

3. Crane documentation available?
☐ Manuf.'s operator manual ☐ Load chart ☐ Crane binder
☐ Stability chart ☐ Inspections/logbooks

4. Fire extinguisher and spill kit available? ☐ **YES** ☐ **NO**

5. Co-ordination of work with:
☐ Site contractors ☐ Adjacent projects

6. ☐ Overhead powerlines? ☐ Voltage confirmed?
☐ Approval with utility owner in place?
(30M33/assurance in writing)

7. Ground conditions:
Crane near excavation, trench, shored walls ☐ **YES** ☐ **NO**
Below-grade utility vaults, piping or voids? ☐ **YES** ☐ **NO**
Crane pads or cribbing adequate? ☐ **YES** ☐ **NO**
Crane is level and fully stabilized? ☐ **YES** ☐ **NO**
Pads engineered/signed off? ☐ **YES** ☐ **NO** ☐ **NA**
Concrete/cylinder break confirmed? ☐ **YES** ☐ **NO** ☐ **NA**

8. General lift requirements:
Weight of all lifts known? ☐ **YES** ☐ **NO**
Lay-down and landing areas clear? ☐ **YES** ☐ **NO**
Signal/communication plan in place? ☐ **YES** ☐ **NO**
Tag lines/load control in place? ☐ **YES** ☐ **NO**
Is a dry run required for any lift? ☐ **YES** ☐ **NO**

9. Is this a critical lift? ☐ **YES** ☐ **NO**

10. Are crane overlap procedures required? ☐ **YES** ☐ **NO**

11. Is a man-basket to be used? ☐ **YES** ☐ **NO**

12. DEP Endorsement required? ☐ **YES** ☐ **NO**

Engineering controls

☐ Below the hook engineering document
☐ Landing area engineered for load weight
☐ Engineering lift point(s)
☐ Engineered connection
☐ Engineer's soils report
☐ Engineered pads
☐ Other .....

Administrative controls

☐ Safe work procedure
☐ Emergency response plan
☐ Pre-use inspection
☐ Rigging inspection
☐ Direct supervision
☐ Barrier/control zone
☐ Communication plan

Personal Protection

☐ Hardhat
☐ Hearing protection
☐ Safety glasses
☐ Safety footwear
☐ High visibility vest
☐ Gloves
☐ Fall protection inspected

Identify Potential Hazards (✓)

Contact	Caught	Fall
☐ Struck by	☐ In or by	☐ Slip
☐ Struck against	☐ Under	☐ Trip
☐ Cuts	☐ Between	☐ Fall from same level
☐ Impalement	☐ On	☐ Fall from height

Overexertion	Exposure	Energy Sources
☐ Lifting or carrying	☐ Temperature heat or cold	☐ Electrical
☐ Bending or twisting	☐ Hazardous atmosphere	☐ Compression or tension
☐ Pushing or pulling	☐ Loud noise	☐ Uncontrolled energy release
	☐ Ultraviolet	☐ Under pressure
	☐ Airborne contaminants	

Common Hazards

☐ Workers under the load
☐ Lifting near the public
☐ Non-vertical hoist line
☐ Overhead hazards
☐ Unexpected load movement
☐ Spills or environmental
☐ Mobile equipment
☐ Rigging inadequate or improper
☐ Blind lift
☐ Underground hazards

Describe weather: .....

Forecasted wind speed & gusts acceptable for task? ☐ **YES** ☐ **NO**

Other: .....

Other Hazards and Controls

Job hazard analysis required? ☐ **YES** ☐ **NO**

☐ Traffic control plan ☐ Fall protection ☐ Exposure control plan

☐ Other: .....

Permits required? ☐ **YES** ☐ **NO**

☐ Lock-out (elec/mech) ☐ Hot work ☐ Client-specific

Emergency Response Plan

Site emergency plan in place and understood? ☐ **YES** ☐ **NO**

Permits required? ☐ **YES** ☐ **NO**

Closest emergency/muster station: .....

Spill kit location: .....

First Aid station: .....

First Aid attendant name: .....

Contact by: ☐ Radio (channel.....)

☐ Phone (must inc. # .....)

BC Crane Safety

Crane Operator Certification & Licensing Authority

Crane Field Level Hazard/Risk Assessment

Date: .....

Company name: .....

Supervisor's name: .....

Prepared by: .....

Project name: .....

Task location: .....

Crane owner: .....

Crane make & model: .....

License plate: .....

Operator's name: .....

Operator's certificate #: .....

Rigger's name: .....

Rigger's qualification: ☐ Exp. ☐ Certified ☐ Under supervision

Qualified signal person? ☐ **YES** ☐ **NO**

List each person involved in the task:

1. Name: .....

Signature: .....

2. Name: .....

Signature: .....

3. Name: .....

Signature: .....

Have they all received site-specific orientation? ☐ **YES** ☐ **NO**

At-risk worker?

Worker name(s): .....

☐ New/young worker ☐ New to task ☐ Inexperienced worker

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Scope of Work: Identify What, Where, and How. .....

Rigging appropriate for task: ☐ **YES** ☐ **NO** **Rigging inspected before use:** ☐ **YES** ☐ **NO**

List task steps e.g. Step 1,2,3 etc.		**List potential hazards for each step**		**Identify risk level** Use risk matrix (below) to determine level.	**List controls for each hazard/risk**	**Risk level after the control** Use risk matrix (below)
	→		→			
	→		→			
	→		→			
	→		→			
	→		→			
	→		→			
	→		→			
	→		→			
	→		→			
	→		→			
	→		→			
	→		→			
	→		→			

STOP WORK IMMEDIATELY and contact: Supervisor name and #

.....

when there is:

- Any injury to a worker or the public
- Mechanical failure of the crane
- Contact with high voltage lines
- Collision between cranes or structures
- Shock loading of crane/rigging
- Loss of load/rigging failure
- Issues with ground stability
- Any circumstance that has the potential for serious injury or or property damage

Risk Matrix		**Impact**			
		Minor	**Moderate**	**Major**	**Extreme**
Probability	**Rare**	Low	Low	Medium	Medium
	Unlikely	Low	Medium	Medium	Medium
	Moderate	Medium	Medium	Medium	High
	Likely	Medium	Medium	High	High
	Very Likely	Medium	High	High	High

Reviewed by: ..... **Signature:** ..... **Date:** .....