

Operator Task Based Verification

Task: _____ Name: _____
 Physical Location: _____ Date: _____
 Site: _____ Time: _____



Operation of Overhead Cranes



Risk of fatality during use of overhead cranes.

Check this box if this work is unplanned e.g. breakdown/unscheduled.

Lifting Plan Execution Compliance

1. Is the team authorised and competent for the lifting activity? Note: Documented rigging and crane trained. (record of training or 5000-23)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
2. Is there a Pre-Lift Assessment/ Lift Plan? If no, mark as non-compliant. Is this a critical lift? If yes, and the critical lift procedure is not followed, then mark as non-compliant.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
3. Is the weight of the load within the capacity of the current crane configuration and lifting equipment arrangement?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
4. Is there a clear and agreed communication method between the crane operator and the spotter for this specific lift? e.g. radio channel, spotter within line of sight, standard hand signals	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
5. Is the exclusion area large enough to protect people from the lifting operation? E.g. falling load, crane movement Note: Is the travel path of the lift clear of obstructions? e.g. handrails, equipment, personnel in area	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

Mechanical Integrity of Lifting Equipment Compliance

6. Have I completed the pre operational inspection specific to the crane, confirming it is safe for use ? (including crane certification) Note: Warning: Do not operate crane if a Bold item has been marked no on Pre - Op inspection	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
7. Has the rigging annual inspection been completed and tagged with the current yearly color?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
8. Are the lifting equipment and lifting points safe for use ? i.e. inspected with no defects Note: Made in the USA? If not, this is non-compliant.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

Barriers and Segregation Compliance

9. Are controls in place to prevent unauthorised access ? Note: All access points blocked or barricaded	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
10. Is there a method to ensure authorised personnel maintain a safe distance from the suspended load ? E.g. tag lines Note: Are controls in place to ensure personnel(or any body part) are not located within the drop zone? Consider complete flightpath of the lift, to final landing.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

IF YOU ANSWER 'NO' TO A QUESTION AND THE CRITICAL CONTROL CAN NOT BE VERIFIED, WORK MUST STOP.

Verification Comments: If a critical control can not be verified, please indicate the nature of the failure including the question(s) that you answered no.

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"Seek Help" if you don't understand a question or if you are uncertain about any Critical Control Requirements, their presence or effectiveness.

To verify certain Critical Controls are in place and effective it will be necessary to point, touch and check that the Controls are set / working / established / robust / effective.

IF YOU ANSWER 'NO' TO A QUESTION AND THE CRITICAL CONTROL CAN NOT BE VERIFIED, WORK MUST STOP.

Verification Comments: If a critical control can not be verified, please indicate the nature of the failure including the question(s) that you answered no.