



Attachment A: Critical Lift – Pre- Lift Checklist

Date: _____ Time: _____

Unit or Area: _____ Equipment #: _____

Work Description: _____

HEOS or Designee Coordinating Lift: Print Name _____

Signature _____

Contractor Supervisor Responsible for Lift: Print Name _____

Signature _____

Instructions

- If this is an initial critical, complete sections 1 thru 9, and sign section 10-11 (Pre-Lift Checklist Signature Sheet).
• If this is a subsequent lift and conditions have changed from the initial Pre-Lift Checklist, then complete a separate checklist.
Note: If personnel lift, checklist must be performed each shift.
• If this is a subsequent lift and conditions have not changed from the initial Pre-Lift Checklist, then print and sign a new Pre-Lift Checklist Signature Sheet.

1. Load

Yes

- Load weights have been verified and match lift plan.
• Load attachment points have been inspected, verified & adequate capacity for load weight.
• Load attachment points are either machined or factory supplied not torch cut.
• Load Center of Gravity has been determined.
• Load attachment points provide 100% connection (no slippage, rendering, twisting)
• Load to be lifted is free of any overhead obstructions.
• Tag Lines attached, adequate length and are free from entanglement.

2. BTH (Below the Hook) Rigging

Yes

- All BTH Rigging have been verified and match lift plan.
• All BTH Rigging have been inspected and are free of deformity or defects.
• All BTH Rigging have legible identification label attached indicating capacities.
• All BTH Rigging connections have been verified secured and clear of any obstructions.

3. Supporting Surface\Ground

Yes

- Supporting surface has been verified to be firm & level.
• Supporting surface has been verified of known underground sewers, culverts, mains, pipes etc..
• Supporting surface is in safe distance of excavations, trenches, shoring, slopes or embankments.
• Supporting surface ground bearing pressure (GBP) is adequate to match allowable GBP in lift plan.



Critical Lift – Pre-Lift Checklist Continued

4. Crane

Yes

- Crane placement, attachments and counterweights have been verified to match lift plan.
- Crane Swing Radius and Tail Swing clearances have been verified acceptable.
- Crane boom and hoist blocks clearances have been verified acceptable.
- Crane outriggers extended to match lift plan. (If Applicable)
- Crane tracks extended to match lift plan. (If Applicable)
- Crane matting utilized matches lift plan.
- Crane level within 1% of grade.
- Crane Annual inspection has been verified current & label attached.
- Crane Daily inspection log has been completed with no deficiencies.
- Crane has legible load chart onboard.
- Crane functional test has been completed with no deficiencies.
- Crane is equipped with functional anti two block capability.
- Crane is equipped with power control to control rate of lifting components speed. (No Free Fall).
- Crane Hooks have self-closing latch. (Exception: Locking Latch for Personnel Lifts)
- Crane placement is within a safe distance of overhead power lines.
- Crane barricading is in place.
- Crane Operator certifications are acceptable & current.
- Crane Signal Person is qualified & familiar with crane hand signals.

5. Suspended Personnel Platforms

Yes

- Crane functional test has been completed with no deficiencies.
- Crane is equipped with functional anti two block capability.
- Crane is equipped with power control. (NO FREE FALL).
- Crane hook equipped with positive locking latch.
- Crane equipped with functional boom length\angle indicator.
- Crane hoist cable free of kinks.
- Completed and Signed Critical Lift Plan attached to the Hard Copy of the SWP.
- Personnel Platform Annual inspection has been verified current and label attached.
- Personnel Platform daily inspection completed (platform & rigging) with no deficiencies.
- Trial Lift with test weight attached completed matching lift plan
- Test weight is remove after trial lift performed.
- Nonessential work halted in the fall radius of the suspended personnel platform.



Critical Lift – Pre-Lift Checklist Continued

- | | | |
|-----------|---|-------------------|
| 6. | <u>Communication</u> | <u>Yes</u> |
| | <ul style="list-style-type: none">• Personnel notified to not place themselves or any part of their body under a suspended load. <input type="checkbox"/>• Qualified signal person(s) have been identified to signal crane. <input type="checkbox"/>• Signal Person and Operator have discussed the lift prior to lift commencing. <input type="checkbox"/>• Signal Person and Operator have established method of communication (Radios or Hand Signal). <input type="checkbox"/>• Radio Signaling - functional test check performed. (Dedicated Channel Only) <input type="checkbox"/>• Hand Signaling - clear line of site between the operator & signal person established. <input type="checkbox"/>• Owning Department & Servicing Group established radio contact. (Lifting Over Live Process Only) <input type="checkbox"/>• Owning Department has notified lift personnel of special precautions or procedures in use. <input type="checkbox"/>• Fire Department has been notified and all isolation point identified. (HF Lifts Only) <input type="checkbox"/> | |
| 7. | <u>Climate</u> | <u>Yes</u> |
| | <ul style="list-style-type: none">• Current Wind Speed has been obtained (e.g., 20 mph or manufacturer's specifications). <input type="checkbox"/>• Current Wind Speed matches allowable in lift plan. <input type="checkbox"/>• Approaching storms have been identified & addressed. <input type="checkbox"/> | |
| 8. | <u>Preparations Summary</u> | <u>Yes</u> |
| | <ul style="list-style-type: none">• MPC Critical Lift Plan Attached <input type="checkbox"/>• Lift Coordinator is satisfied all preparations are complete. <input type="checkbox"/>• If Personnel Platform Lift the Personnel Lift Director is satisfied all preparations are complete. <input type="checkbox"/> | |



Critical Lift – Pre-Lift Checklist Continued

9. Critical HF Alky Lift – API RP 751 3.5.11

<u>HF Consequence Analysis Questions</u>	<u>Yes/No</u> <u>(all responses must be Yes to proceed with the lift)</u>
1. Has the process line under the load been identified as part of the acid section in the Alky PPE PFD?	
2. Has the current wind direction and evacuation muster point been identified?	
3. Have the deluge system and the curtains been verified as operational?	
4. Have the fire monitors been positioned in the direction of the lift?	
5. Has operations personnel been placed on standby during the lift?	
6. Have the cameras been positioned in the direction of the lift?	
7. Has SOC and the Emergency Response Team been notified of the lift?	
8. Have the isolation points been identified and RAD been verified as operational?	
9. Does the team performing the lift have radio communication with the Board Operator?	
HF Alky Supervisor:	<hr/> <div style="display: flex; justify-content: space-between;"> <i>Print</i> <i>Signature</i> <i>Date</i> </div>



Critical Lift – Pre-Lift Checklist Signature Sheet

10. Pre-Lift Checklist Meeting Attendees

Date: _____

	Yes	No	Comments
Is this the initial Pre-Lift Checklist?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete items 1 thru 11 If no, next question
Have conditions changed from the Initial Pre-Lift Checklist?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, complete items 1 thru 11 and Pre-Lift Checklist Signature Sheet. If personnel lift, checklist must be performed daily. If no, sign below and proceed with lift.

<u>Role</u>	<u>Print Name</u>	<u>Signature</u>	<u>Shift (D-N)</u>
Crane Operator	_____	_____	_____
Crane Operator	_____	_____	_____
Signal Person	_____	_____	_____
Signal Person	_____	_____	_____
Rigger	_____	_____	_____
Rigger	_____	_____	_____
Rigger	_____	_____	_____
Rigger	_____	_____	_____
Servicing Group Rep.	_____	_____	_____
Safety Rep.	_____	_____	_____
HEOS	_____	_____	_____

*I HAVE MADE THE SERVICING GROUP
REP AND CRANE OPERATOR AWARE OF
THE PROCESS AND UNIT AREA
HAZARDS.*

Owning Department Rep: _____
 Name Signature Shift

11. Suspended Platform Additional Attendees

<u>Role</u>	<u>Print Name</u>	<u>Signature</u>	<u>Shift</u>
Platform Occupant	_____	_____	_____
Platform Occupant	_____	_____	_____
Platform Occupant	_____	_____	_____
Platform Lift Director	_____	_____	_____

Completed Critical Lift – Pre-Lift Checklist form should be attached to the MPC Critical Lift Plan. The Critical Lift Plan should reside with the MPC HEO Supervisor or Contractor Lift Director.