





PROJECT : \_\_\_\_\_

SUPERINTENDENT: \_\_\_\_\_

Structural Steel and Precast Erectors

SUSPENDED PERSONAL PLATFORM SAFETY CHECKLIST

TRIAL LIFT		
PRE-LIFT CHECKLIST		YES      NO
CRANE SYSTEMS FUNCTIONING PROPERLY?	<input type="checkbox"/>	<input type="checkbox"/>
CRANE CONTROLS FUNCTIONING PROPERLY?	<input type="checkbox"/>	<input type="checkbox"/>
ALL SAFETY DEVICES FUNCTIONING PROPERLY?	<input type="checkbox"/>	<input type="checkbox"/>
IS CURRENT CONFIGURATION WITHIN 50% OF CRANE RATED CAPACITY?	<input type="checkbox"/>	<input type="checkbox"/>
IS THERE ANY INTERFERENCE WHATSOEVER?	<input type="checkbox"/>	<input type="checkbox"/>
<b>NOTE: THE FOLLOWING CHECKLIST MUST BE COMPLETED AFTER THE TRIAL LIFT, BUT BEFORE ANY PERSONNEL ENTER THE PLATFORM.</b>		
POST TRIAL LIFT CHECKLIST		YES      NO
IS THE PLATFORM STILL PROPERLY SECURED?	<input type="checkbox"/>	<input type="checkbox"/>
IS THE PLATFORM PROPERLY BALANCED?	<input type="checkbox"/>	<input type="checkbox"/>
IS THE ATTACHMENT CENTERED OVER PLATFORM?	<input type="checkbox"/>	<input type="checkbox"/>
ARE LINES WITH MULTIPLE PARTS UNTWISTED?	<input type="checkbox"/>	<input type="checkbox"/>
ARE HOIST ROPES AND CABLES FREE OF KINKS?	<input type="checkbox"/>	<input type="checkbox"/>
DOES THE WIRE ROPE SHOW ANY SLACK?	<input type="checkbox"/>	<input type="checkbox"/>
DID THE LIFT CAUSE ANY PROBLEMS WITH THE CRANE SYSTEMS?	<input type="checkbox"/>	<input type="checkbox"/>
DID THE LIFT CAUSE ANY ADVERSE GROUND CONDITIONS BENEATH THE CRANE?	<input type="checkbox"/>	<input type="checkbox"/>
DID THE LIFT CAUSE ANY ADVERSE EFFECTS ON THE PLATFORM ITSELF?	<input type="checkbox"/>	<input type="checkbox"/>
_____ SUPERINTENDENT SIGNATURE	_____ DATE	_____ TIME

**NOTE: THE HOISTING OF PERSONNEL IN THE PLATFORM CANNOT BE PERFORMED IF ANY SHADED BOXES ARE CHECKED. IF SHADED BOXES ARE CHECKED, MAKE CORRECTIVE CHANGES BEFORE HOISTING ANY PERSONNEL.**