

# Critical Lift Addendum

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## Type of Critical Lift (select all that apply)

- 75% of the rated capacity of the crane load chart
- Lift where the center of gravity could change
- Lift with more than one crane (tandem lift)
- Barge mounted crane lifts (If crane traveling while lifting load)
- Lift involving hazardous materials or explosives
- Hoisting personnel
- Multiple lift rigging (steel erection only)
- Lift out of the operator's view\*
- Lift using more than one hoist on the same crane
- Lift that crane operator believes is critical
- Crane operations where the load is placed or removed underwater
- Lift without the use of outriggers using rubber tire load chart
- Lift involving non-routine or technically difficult rigging arrangements

## Critical Lift Plan Requirements (All Lifts)

Significant portion of plan is on the Mobile Crane Lift Qualification and Lift Plan Form (MCLQLP). Load & Rigging cannot be estimated; verify load & rigging on MCLQLP

Provide: Height \_\_\_\_\_ Length \_\_\_\_\_ Width \_\_\_\_\_

## Environmental Conditions (Verify that none are present and/or sufficient)(place check mark next to current conditions)

- \*Wind
- Lighting
- Ice
- Visibility
- Lightning
- Storm Warning

*\*Work must cease at 20 MPH Winds (or crane manufactures recommendation) for work re-evaluation. Must have wind measuring device on site.*

## Provide site drawing of Crane Placement, Adjacent Equipment and Facilities (Attach to this plan)

### Floating Crane Checklist (perform/provide the following)

- Naval Architectural Analysis-Load Chart & Lift Parameters
- Wind speed and direction in clear view of operator
- Plan describing operating base/platform condition and any potential list or trim
- Inspection of host vessel (barge/pontoon) is required by a competent person

### Multiple Lift Rigging

- Only structural steel can be used
- Multiple Lift Rigging (Certified) must be used
- Maximum of 5 members per lift

### Personnel Lifts

- Requires CSM interaction and approval

### Approved By

Crane Operator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Reviewed By (Signature Required)

Competent Person: \_\_\_\_\_ Date: \_\_\_\_\_  
Centennial Representative: \_\_\_\_\_ Date: \_\_\_\_\_  
Centennial HSEQ Team: \_\_\_\_\_ Date: \_\_\_\_\_  
Centennial SSR: \_\_\_\_\_ Date: \_\_\_\_\_