LIFTING OPERATIONS SAFETY CHECKLIST

HEALTH, SAFETY & ENVIRONMENT MANAGEMENT SYSTEM

1. INSPECTION INFORMATION

Project / Site:		**Location / Area:**	
Inspection Date:		**Inspection Time:**	
Inspector Name:		**Company / Contractor:**	
Lifting Activity:		**Crane / Lifting Equipment:**	
Load Description:		**Approximate Load Weight:**	

Instructions: Mark ✓ under Yes, No, or N/A for each applicable item. Record details of any non-compliance in the Remarks / Corrective Action column. Significant findings should be transferred to the Findings & Corrective Actions section.

2. LIFTING OPERATIONS INSPECTION CHECKLIST

No.	Inspection Item	Yes	No	N/A	Remarks / Corrective Action
1	Has the lifting operation been properly planned and assessed before work starts?	☐	☐	☐	
2	Has a suitable lifting plan or method statement been prepared for the lifting activity?	☐	☐	☐	
3	Has the load weight, dimensions, center of gravity and lifting points been determined where required?	☐	☐	☐	
4	Is the crane or lifting equipment suitable for the planned load, lifting radius and operating conditions?	☐	☐	☐	
5	Is the crane positioned on a stable and suitable surface with adequate ground bearing capacity?	☐	☐	☐	
6	Are outriggers, stabilizers or other supporting systems correctly deployed where required?	☐	☐	☐	
7	Is the lifting equipment within its valid inspection, examination and certification requirements?	☐	☐	☐	
8	Are operators suitably trained, competent and authorized to operate the lifting equipment?	☐	☐	☐	
9	Are riggers and signalers/banksmen suitably trained, competent and authorized for their assigned duties?	☐	☐	☐	
10	Are lifting accessories such as slings, shackles, hooks and spreader beams suitable for the intended load?	☐	☐	☐	
11	Are lifting accessories clearly identified with their safe working load or rated capacity where required?	☐	☐	☐	
12	Have lifting accessories been inspected before use and found free from damage, excessive wear or deformation?	☐	☐	☐	
13	Are hooks fitted with suitable safety latches or other required retention devices?	☐	☐	☐	
14	Are slings correctly selected, configured and protected against sharp edges or damage?	☐	☐	☐	
15	Is the load securely attached and properly balanced before lifting?	☐	☐	☐	

No.	Inspection Item	Yes	No	N/A	Remarks / Corrective Action
16	Are suitable tag lines or other controls used where necessary to control load movement?	☐	☐	☐	
17	Is a clear and effective communication system established between the operator, signaler and lifting team?	☐	☐	☐	
18	Is the lifting area adequately barricaded or controlled to prevent unauthorized personnel from entering?	☐	☐	☐	
19	Are workers and other personnel kept clear of suspended loads and the lifting path?	☐	☐	☐	
20	Are lifting operations controlled to prevent loads from passing over people, occupied areas or uncontrolled access routes?	☐	☐	☐	
21	Are overhead power lines, structures, buildings and other obstructions identified and adequately controlled?	☐	☐	☐	
22	Is adequate clearance maintained from overhead electrical lines and other hazards?	☐	☐	☐	
23	Are weather conditions, including strong winds, rain, lightning or reduced visibility, suitable for the lifting operation?	☐	☐	☐	
24	Are the crane load chart, rated capacity indicators and required safety devices available and functioning?	☐	☐	☐	
25	Are crane controls, brakes, hooks, wire ropes, hydraulic systems and other critical components in satisfactory condition?	☐	☐	☐	
26	Are lifting accessories stored and handled properly to prevent damage, contamination or deterioration?	☐	☐	☐	
27	Is the lifting path clear of unnecessary materials, equipment and other obstructions?	☐	☐	☐	
28	Are suitable emergency arrangements available for foreseeable lifting incidents, equipment failure or dropped loads?	☐	☐	☐	
29	Is the lifting operation continuously monitored by competent personnel and stopped when unsafe conditions develop?	☐	☐	☐	
30	Are identified lifting-operation deficiencies corrected and verified before the affected lifting activity continues?	☐	☐	☐	

3. FINDINGS & CORRECTIVE ACTIONS

No.	Finding / Observation	Risk Level	Corrective Action	Responsible Person	Due Date / Status
1					
2					
3					
4					
5					
6					

Risk Level: Low / Medium / High / Critical | Status: Open / In Progress / Closed / Verification Required

4. OVERALL ASSESSMENT

☐ Satisfactory	☐ Needs Improvement	☐ Unsatisfactory	☐ Immediate Action Required
Positive Safety Practices Observed			
Key Areas Requiring Improvement			
Immediate Actions Required (if any)			

5. SIGN-OFF

INSPECTOR	SUPERVISOR / RESPONSIBLE PERSON
Name:	**Name:**
Signature:	**Signature:**
Date:	**Date:**

IMPORTANT SAFETY DISCLAIMER

This checklist is provided as a practical safety inspection aid. It does not replace applicable legislation, regulatory requirements, project-specific HSE requirements, lifting plans, risk assessments, method statements, approved procedures, manufacturer instructions, or competent professional judgment. Users should adapt the checklist to the specific project, lifting equipment, load characteristics, activities, hazards, contractual requirements, and applicable legal and regulatory requirements.