

## Lift Evaluation Check List

Lift performed by: \_\_\_\_\_ Training Expiration Date: \_\_\_\_\_

Responsible Person: \_\_\_\_\_ Training Expiration Date: \_\_\_\_\_

Lift Description: \_\_\_\_\_

\_\_\_\_\_

Item Weight: \_\_\_\_\_

Method to determine weight:

Scale  Shipping Manifest  Calculated  By: \_\_\_\_\_

(Attach Calculations)

Center of Gravity Known? Yes  No

Lift Points Above C of G? Yes  No

Classify Lift as: Ordinary , Pre-Engineered , or Critical .

**NOTE: Pre-engineered and Critical lifts required review by the BNL Lifting Safety Committee and a may need a Work Permit.**

**Difficult lifts may need a Work Permit and a detailed work plan.**

Special Concerns:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Stop Points:

\_\_\_\_\_  
\_\_\_\_\_

Signatures:

Operator: \_\_\_\_\_

Responsible Person: \_\_\_\_\_

*At completion of LIFT, return completed forms to Rm. 1-179.*