

Lusail Real Estate Development Company

Health, Safety, Security, Environment, Logistics & Quality Department

Lusail Construction Safety Procedural Forms/Checklists - Prelift Checklist

Document No	LUS-HSE-FM4-446-053.01		1
Uncontrolled Copy	Controlled Copy x	Date	01-Apr-2015

COMPANY PROPRIETARY INFORMATION

Prior to use, ensure this document is the most recent revision by checking the Master Document List. To request a change, submit a Document Change Request to the Document Control Representative. Master copy of this document will be maintained by the LREDC QA/QC Manager. Not controlled if printed.

Amendment Record

This document is reviewed to ensure its continuing relevance to the systems and process that it describes. A record of contextual additions or omissions is given below:

Rev .No	Description / Comments	Prepared By	Checked By	Approved By	Issue Date
1	(Pg. 1) Company Propriety Information – Not controlled if printed has been added.	HSE Working Group	Michael Ford	Uwe Krueger	1 st April 2015
1	(Pg. 2) Revised Amendment Table	HSE Working Group	Michael Ford Michael Ford	Uwe Krueger	1 st April 2015

Document No: LUS-HSE-FM4-446-053.01

	PR	E-LIFT CHE	ECKLIST		Date:		
Date of Planned Lift:			Operator:				
Lift Supervisor:			Rigger:				
Description	on of Item to be	Lifted:					
(Sketch th	e item on the lift	diagram.)					
Weight	Weight of Item:			Lift Classification	on: Heavy	Medium	
Item Weig	tht Verification (check applicat	ole method):	If item weight was			
	Estimated		·	used to assess v			
	(If estimated	, explain ho	w and by whom)				
	Actual						
Item Cer	nter of Gravity	: See lift dia	agram.	Annotate center	of gravity on lif	t diagram.	
Lifting E	quipment						
a)	Lifting Unit:						
	ing to be used:						
Lift Limit	t s (IAW manufa	acturer's loa	nd chart)	For multiple radii, list those limits on the lift diagram. Also include sketch of rigging			
		Weight	Radius	configuration.			
Front:							
Side:							
Back:							
		Rigging Lift Limit:					
Equipme	ent Inspection:						
Lifting U	nit Inspector			Date			
Rigging I	nspector			Date			

	PRE-LIFT CHECKL	IST		Date:		
Pre-lift C	Pre-lift Checks:					
Overhea	Overhead power lines:					
(area cle	(area clearances in general)					
Is the item free to move?		Yes	No			
Inspections Completed:						
Has pre-lift brief been performed?		Yes	No			
Material/	Item Movement (e.g., will item be r	noved from front to	o side, will item hav	e to be transported		
while sus	spended, etc.):					
Additional Comments/Observations (e.g., limiting conditions, work hold points):						

Document No: LUS-HSE-FM4-446-053.01 Page **4** of **5**