

MCC NUMBER

MOC _____

Minimum Control Checklist – Mobile Crane

PART 1 – Minimum Controls Checklist details – Available on BSAFE

Work Order/Project #	
Name	
Contact Number	
Company	
Date & Time	

Minimum Controls Checklist (Open)

Location of Work	
Description of Work	
Person in control of the work	
Crane Registration Number:	
Crane Registration Date	
Confirm the following is in place:	<input type="checkbox"/> Site specific SWMS in place and reviewed in consultation with work group <input type="checkbox"/> Work area cordoned off or barricaded/ warning signs in place <input type="checkbox"/> Emergency exits / muster points / contingency plans understood <input type="checkbox"/> All workers have current licenses/certificates of competency for the works
Confirm the following are in place;	<input type="checkbox"/> Work area cordoned off or barricaded/warning signs in place <input type="checkbox"/> Preoperational checks of Crane have been completed <input type="checkbox"/> All workers involved have attended a safety induction <input type="checkbox"/> All lifting Gear (chain slings/ web slings, shackles, wire rope etc.) have valid test certificates <input type="checkbox"/> Test and tag register is current with all information of the lifting equipment that is to be utilised for the lift <input type="checkbox"/> Civil Aviation Safety Authority (CASA) contacted where aircraft flight paths are an issue <input type="checkbox"/> Crane inspection and maintenance is current and compliant <input type="checkbox"/> Crane operator holds an appropriate HRW License <input type="checkbox"/> Spotter in Place

Crane Set up

	<input type="checkbox"/> Crane is within safe approach distance from overhead services <input type="checkbox"/> Geotechnical engineer has reviewed safe set-up of crane confirming confirmed ground, load and any underground services <input type="checkbox"/> On suspended slabs, engineer signoff for back propping is required (Attach certification below) <input type="checkbox"/> Checks made for underground services at point of outrigger and surrounding areas <input type="checkbox"/> All outriggers fully extended and set firmly on outrigger pads, with timber blocking or steel plates with safety locking pin engaged.
--	--

MCC NUMBER

MOC _____

	<input type="checkbox"/> The setup of the crane is a true and accurate reflection of the required set up as per the lifting plan and engineers report outlined in the Geotech report which has taken into consideration the underground services. <input type="checkbox"/> Crane is set up a safe distance away from any excavation or unstable ground. <input type="checkbox"/> Mobile crane has a safe and clear operational slew zone.
Attach photo of engineer certification sign off	
Additional Controls in place (select relevant)	<input type="checkbox"/> Mobile crane will not be working under a tower crane suspended load. <input type="checkbox"/> Load to be lifted is within the safe working load limit of the crane capacity. <input type="checkbox"/> Lift/crane plan has been provided to site representative including an aerial view/site plan outlining crane location and shaded area for slewing of the load. <input type="checkbox"/> Crane operational zone is secured, sign posted and restricted to authorized personnel only. <input type="checkbox"/> Communications between operator and ground crew in place and confirmed operational.
Detail any other controls in place for the work:	
Work box/Lifting Workers <input type="checkbox"/> Yes <input type="checkbox"/> N/A	
Are workers being lifted inside a work box?	<input type="checkbox"/> Yes- Answer Next question. <input type="checkbox"/> No - Skip next question.
If yes, Confirm the following are in place	<input type="checkbox"/> The work box is registered with the regulator <input type="checkbox"/> Working load limit, tare mass and design registration number identified <input type="checkbox"/> Sides of workbox no lower than 1 metre <input type="checkbox"/> Fall arrest anchorage points identified and certified <input type="checkbox"/> All workers attached to safety point during works <input type="checkbox"/> Provided first aid box <input type="checkbox"/> Emergency rescue plan in place <input type="checkbox"/> Standby/spotter in place <input type="checkbox"/> Workers being lifted are competent in the work task to be performed
BGIS has been notified of works occurring	Yes List BGIS representative notified: _____
Please detail any other controls in place:	
Name:	
Signature	
Date	