



US&R CRANE USE FORM

1. Prepared By: _____

2. Date: _____

3. Time _____

Situation Name: _____

Date and Time of Lift: _____

Rigging Task: _____

Task Force Name: _____

Weather Conditions: _____

Task Force Leader: _____

Load Description: _____

Crane Operator: _____

Load Weight: _____

Crane Make & Model: _____

Block Weight: _____

Crane Serial No.: _____

Rigging Weight: _____

Boom Length: _____

Jib Weight: _____

Jib Length: _____

Jib Ball Weight: _____

Jib Position: Stowed Retracted Offset at _____

Hoist Line Weight: _____

Size of Counterweights Installed: _____

Other Weight: _____

Total Weight: _____

Front Outrigger Intalled: Yes Crawlers Outriggers Tires No

Lift will be On: On Main Block On Jib

Setup On: Extended Retracted Other

Max. Intended Working Radius

Boom Angle:

Rated Capacity:

Percent of Capacity:

(Total Load / Rated Capacity)

Over Rear: _____

Over Rear: _____

Over Rear: _____

Over Rear: _____

Over Side: _____

Over Side: _____

Over Side: _____

Over Side: _____

Over Front: _____

Over Front: _____

Over Front: _____

Over Front: _____

SKETCH:

Large grid area for sketching the crane setup.