

WAC 296-155-56410 Personnel platform lift planning and authorization form.

Personnel Platform Lift Planning and Authorization Form

- 1. Location: _____ Date: _____
- 2. Purpose of the Lift: _____

- 3. Hoisting Equip. Mfg: _____ Model #: _____ Serial: _____
- 4. Expected Radius: _____ (maximum) _____ (at work location)
- 5. (a) Rated Load at Radius: _____ (b) Maximum Lift Load: _____ [50% of 5(a)]
- 6. Platform ID: _____ Platform Rating: _____
- 7. Platform Weight: _____ Type: (Pin On) _____ (Suspended)
- 8. (a) Number of Platform Occupants: _____ (b) Approx. Wt. (With Equip.) _____
- 9. Total Lift Weight: _____ [7 + 8(b)] [No more than 5(b) above]
- 10. Personnel Supervisor: _____
- 11. What are the Alternatives to This Lift? _____

- 12. Why are they not being used? _____

- 13. Pre-Lift Briefing Held (Date & Time): _____ / _____ / _____ AM/PM
Attendees: _____

- 14. Anticipated Hazards (wind, weather, visibility, power lines): _____

- 15. Lift Accomplished Date: _____ Time: _____
- 16. Remarks: _____

Employer Signature Date

[Statutory Authority: RCW 49.17.010, 49.17.040, 49.17.050, 49.17.440, 49.17.060, and 29 C.F.R. 1926, Subpart CC. WSR 12-01-086, § 296-155-56410, filed 12/20/11, effective 2/1/12.]

Reviser's note: The brackets and enclosed material in the text of the above section occurred in the copy filed by the agency.