**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:

7. Platform Weight:

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.