

Mechanical Material Handling Plan (MMHP)

This form is used to identify the personnel performing the work and the load information. Complete this form and submit to Construction Manager for review. **DO NOT leave fields blank. If not applicable use N/A.**

Job:		Date(s):	
SR #:		Location:	
Personnel Information		<i>NOTE: *Cannot act as a dual role</i>	
Lift Director/Work Supervisor:			
Equipment Operator*:			
Qualified Signal Person(s):			
Qualified Rigger(s):			
Description of Load(s):			
Equipment Use			
Telehandler	Forklift	Hoist	Excavator
Make:			Model:
Attachments:			
Outriggers Needed:	YES	NO	Nameplates Legible: YES NO
Lifting Capacity	Safe Working Load Limit (lbs):		~At Max Angle:
	Working Height (ft):		
	Working Reach (ft):		
Load Information			
(1) Load weight (lbs):			
(2) Load deductions (lbs):			
(3) Total weight of all rigging (lbs):			
Total lifted load (1+2+3):			
Longest planned radius & angle of the lift (ft):			
Equipment capacity at the longest planned radius & angle (lbs):			
Percentage of Equipment capacity (In decimal form):			
Is the percentage >0.90 (PNNL WS&H peer review required)		YES	NO

 DON'T DELETE
AUTO FILLED

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AUTO FILLED

Lift Director Signature: _____

Date: _____