Reset

CONTRACTOR LIFT PLAN
(SUSPENDED LOADS)
ENTRY PACKAGE

Today's Date _____

Tracking Number _____

Gov. Contracting Office NAVFAC Mid-Atlantic

Gov. Contracting Officer (name) _____

Gov. Contracting Officer phone _____

Job will start on date: _____ Time _____ Location _____

For Government Use Only Below

1. Lift plan received: Date: _____ Time: _____
2. Was the entry package complete? _____ Yes _____ No
3. Person who reviewed / completed packet _____

Return the submittal or memo with tracking number to the Gov't Contracting Officer.

Reply sent: Date_____ Time _____

Comments:

Corrective Items Comments:

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COMNAVREGMIDLANTINST 11262.1A
06 FEB 2013

CONTRACTOR LIFT PLAN (SUSPENDED LOADS) ENTRY PACKAGE CHECKLIST

1	Company / Equipment Information	Company Name Equipment Manufacture / Equipment Model / Equipment Number			
2	Date of Annual Inspection Expiration		CONTRACT NUMBER		
3	Date of Quadrennial Inspection Expiration				
4	Name & phone number of Contracting Official (or designated local representative)	Contracting Official Phone Number			
5	Does the package include a routine or critical lift plan?			YES	NO
6	Has the contract been verified to contain all the requirements of NAVFAC P-307 Paragraphs 1.7.2 a.-j. as applicable?			YES	NO
7	Location of lift site				
8	Duration equipment will be continuously on the job site (hrs, days, weeks…)				
9	Does plan include certification from contractor that the equipment complies with applicable ASME standards IAW Ref. (c)?			YES	NO
10	Does plan include a completed Certificate of Compliance [Enclosure (1)]?			YES	NO
11	Which OSHA regulations does the certificate of compliance indicate? (For cranes used in cargo transfer, 29 CFR 1917 applies; for cranes used in construction, demolition, or maintenance, 29 CFR 1926 subpart CC applies; for cranes used in shipbuilding, ship repair, or ship breaking, 29 CFR 1915 applies).				
12	Does plan include valid medical certificate and proof of operator qualification from a source that qualifies crane/equipment operators (union, governmental agency, or an organization that tests and qualifies crane/equipment operators)? Verify qualification for each back-up operator (if provided) on the certificate of compliance.		YES	NO	N/A
13	Does the plan designate a qualified Rigger-in-Charge?		YES		NO
14	What is the weight of the heaviest load to be lifted?		lbs.		
15	What is the weight of the rigging gear?		lbs.		
16	What are the crane / equipment components (and their weights) that add to the weight of the load (hook, jib, etc.)?	Main Block	lbs.		
		Aux. Block	lbs.		
		Jib (Stowed)	lbs.		
		Jib (Erected)	lbs.		
		Other	lbs.		
17	What is the total weight to be lifted (sum of 14, 15 & 16 above)?	TOTAL	lbs.		
18	What is the capacity of the equipment as configured?		lbs.		
19	What percentage of the equipment capacity does this lift represent?		%		
20	What is the main boom length? If a jib will be utilized, indicate the length and offset.	Main	Jib	Offset	
21	What are the minimum and maximum load radii?	Min	Max		
22	Does the plan include the manufacturer's load chart for entire range of lift(s)?			YES	NO
23	Does plan include ground loading and outrigger reaction data to determine cribbing requirements, or a Waterfront Operational Permit?		YES	NO	N/A

CONTRACTOR LIFT PLAN (SUSPENDED LOADS) ENTRY PACKAGE CHECKLIST

24	For crawler crane, does the plan indicate area restrictions for operation?	YES	NO	N/A
25	For floating crane, does plan include maximum allowable list?	YES	NO	N/A
26	For mobile crane mounted on barge, is crane equipped with load indicating device? Wind indicating device? Marine type list and trim indicator (readable in one-half degree increments)?	YES	NO	N/A
27	For mobile crane mounted on barge, does plan include revised load chart?	YES	NO	N/A
28	What are the environmental conditions under which crane / equipment operations are to be stopped?			
29	Will the crane / equipment perform critical/complex lifts? **(If NO, skip items 30 - 50.)**	YES	NO	
30	What circumstances require this lift to be classified as a critical lift? (Blind lift, 75% of load chart non-routine rigging, etc.)			
31	What are the exact dimensions of the load? (L x W x H)	X	X	
32	Does the lift plan indicate the crane position? (Overhead view)	YES	NO	
33	What is the maximum lift height of the lift?			
34	What is the minimum boom angle?			
35	What is the maximum boom angle?			
36	What is the name of the operator?			
37	Indicate name(s) of backup operator (if required).			
38	Does the plan show lift points?	YES	NO	
39	Does the lift plan describe the rigging procedures?	YES	NO	
40	Does the lift plan indicate rigging hardware requirements?	YES	NO	
41	For personnel lifts, does the plan demonstrate compliance with 29 CFR 1926.1431?	YES	NO	N/A
42	Does EM 385-1-1 govern this lift?	YES	NO	N/A
43	What are the coordination and communication requirements for the lift (e.g., radio and hand signals)?			
44	For tandem or tailing crane lifts, does the plan indicate the make and model of the crane/equipment, the line, boom, and swing speeds, and the requirement for an equalizer beam?	YES	NO	N/A
45	For floating cranes, refer to questions 20-22?			
46	What is the name of the lift supervisor?			
47	Does the plan indicate the qualifications of the lift supervisor?	YES	NO	
48	What are the names of the riggers?			
49	Does the lift plan indicate the qualifications of the riggers?	YES	NO	
50	Did all involved personnel (Operator, Riggers, Lift Supervisor, etc.) sign the critical lift plan?	YES	NO	

Signature below verifies crane package complies with CNRMA INST 11262.1A and NAVFAC P -307

Contracting Official:	**Organization:** NAVFAC	**Signature:**	**Date:**	**Phone:**
Reviewed By:				

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COMNAVREGMIDLANTINST 11262.1A
06 FEB 2013

CONTRACTOR LIFT PLAN (SUSPENDED LOADS) PRE-ENTRY FORM

Contracting Office:	Contractor's Package Rec'd:	Proposed Date(s) of Entry:	Prime Contractor:	Prime Contractor POC:	POC Phone:
NAVFAC			Contracting Officer:	Phone:	Contract Number:

Crane / Equipment Supplier / Phone (If different from prime contractor):	Serial number	Approved/Qualified Operator(O) and Rigger-in-Charge (RIC): **O**
Equipment Manufacturer / Equipment Model / Equipment Number		**O**
Manufacturer's Maximum Rated Capacity: / Heaviest Lift		**RIC**

Cert. Type / Exp. Date	Equipment Setup Site:	Lift Type:
Quadrennial: _____ Annual:		☐ Critical ☐ Routine

For Government Use Only Below

Equipment Type at Check in Point

☐ Mobile RT ☐ Floater ☐ Other (Specify):

☐ Mobile Truck ☐ Mobile on barge

☐ Crawler ☐ Boom truck

If Boom Truck, will boom be used for lift? ☐ Y ☐ N
If yes, does Boom Truck have required papers? ☐ Y ☐ N

Boom Type

Telescopic manufactured after 02/28/92? ☐ Y ☐ N ☐ NA
Lattice manufactured after 02/28/92? ☐ Y ☐ N ☐ NA
Equipped with Anti Two-Blocking device? ☐ Y ☐ N ☐ NA
Boom free of obvious defects? ☐ Y ☐ N ☐ NA

(Circle answers below)

Equipment at Check in Point

Same as identified in submitted crane/WHE package? Y N
Configured same as identified in submitted crane/WHE package? Y N
All Hoist Block Hooks equipped with positive latching device? Y N
Hoist wire rope free of obvious defects? NA Y N

List / trim angle indicator visible to operator while at controls? Y N NA
Calibrated Load Moment / Load Indicator present in operator's cab? Y N NA
Crane equipped with appropriately rated fire extinguisher? Y N NA
Crane equipped with spill containment kit? Y N NA

Hoist wire rope dead ended with:

Poured Socket? Y N
Wedge Socket? Y N
Swage Socket? Y N
If wedge type socket, is pig tail clamped correctly? Y N

Operator at Check in Point in Possession of:

Completed Certificate of Compliance? Y N
Copy of Required Crane/WHE Certifications? Y N NA
Current Crane/WHE Operator Qualifications? Y N NA
Copy of Approved Lift Plan? Y N NA

Copy of approved Ground Loading restrictions for all set up/work locations Y N NA
Approved cribbing plan and cribbing at pass office prior to entry? Y N NA
Load Rating Charts visible to operator while at controls? Y N NA
Boom angle indicator visible to operator while at controls? Y N NA
Rigging gear free of obvious defects? Y N

General Notes:

Reviewing Surveillance Team Member	Phone	Expiration of Permit	Date of Entry	Time of Entry

Enclosure (3)

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CONTRACTOR CRANE/WHE OPERATING PERMIT

NAVFAC MIDLANT CONTRACTOR CRANE/WHE OPERATING PERMIT

DATE ISSUED

EXPIRATION DATE

CONTRACTING AGENT NAME & PHONE# NAVFAC

CONTRACT #

AUTHORIZED LOCATION

EQUIPMENT CONTRACTOR

EQUIPMENT NUMBER

CERTIFICATE OF COMPLIANCE

This certificate shall be signed by an official of the company that provides cranes (or multi-purpose machines, MHE, or construction equipment used to lift loads suspended by rigging gear) or rigging gear for any application under this contract. Post a completed certificate on each crane or alternate machine (or in the contractor's on-site office for rigging operations) brought onto Navy property.

CONTRACTING OFFICER'S POINT OF CONTACT (Government Representative)	PHONE
PRIME CONTRACTOR/PHONE	CONTRACT NUMBER
CRANE OR ALTERNATE MACHINE SUPPLIER/PHONE (if different from prime contractor)	CRANE OR ALTERNATE MACHINE NUMBER (i.e., ID number)
CRANE OR ALTERNATE MACHINE MANUFACTURER/TYPE/CAPACITY	
CRANE OR ALTERNATE MACHINE OPERATOR'S NAME(S)	

I certify that

1. The above noted crane or alternate machine and all rigging gear conform to applicable OSHA regulations (host nation regulations for naval activities in foreign countries) and applicable ASME B30 or other standards. The following OSHA regulations and ASME or other standards apply:

_____

_____

2. The operators noted above have been trained and are qualified for the operation of the above noted crane(s) or alternate machine(s).
3. All safety devices and operator aids are enabled and functioning properly and the operators noted above have been trained not to bypass safety devices and operator aids during lifting operations.
4. The operators, riggers and company officials are aware of the actions required in the event of an accident as specified in the contract.
5. Signal persons used in construction work are qualified in accordance with 29 CFR 1926.1428.
6. Riggers are qualified in accordance with NAVFAC P-307, paragraph 11.1.k.
7. All personnel working on the job site have been trained to not stand under a load or in the fall zone of a suspended load unless specifically allowed by USACE EM 385-1-1.

COMPANY OFFICIAL SIGNATURE	DATE
COMPANY OFFICIAL NAME/TITLE	

POST ON CRANE (OR ALTERNATE MACHINE)

(IN CAB OR VEHICLE)

(or in the contractor's on-site office for rigging operations)

Figure P-1

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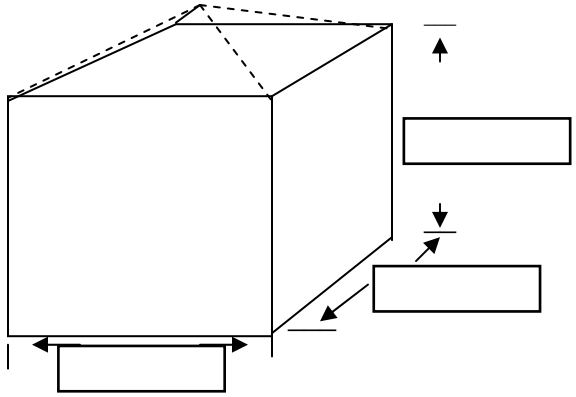
LIFT PLAN DETAIL SHEET

NON-Critical ☐ **Critical** ☐

Before making a critical or non-critical lift plan, qualified personnel shall prepare the lift plan, which can be, qualified members of the crane team, site supervisor/lift director or crane engineer. Key members, such as the lift supervisor, rigger and crane operator shall participate in the preparation.
The plan shall designate the crane operator, lift supervisor and rigger and state their qualifications
For tandem or tailing crane lifts, the plan will specify the make and model of the cranes, the line, boom, and swing speeds, and requirement for an equalizer beam.



RIGGING PLAN DETAIL LIFT POINT DESIGNATED AS (X)

ALSO, MANUFACTURE OR COMPANY'S DETAIL DRAWING IS ACCEPTABLE

OPERATOR

QUALIFIED RIGGER IN CHARGE

QUALIFIED RIGGERS

_____

_____

Specifications of Rigging to be Used
(Type, size, capacity)

A _____

B _____

C _____

D _____

Crane Make & Model _____

Personnel Basket Inspection Date _____ **Total weight of test weight** _____

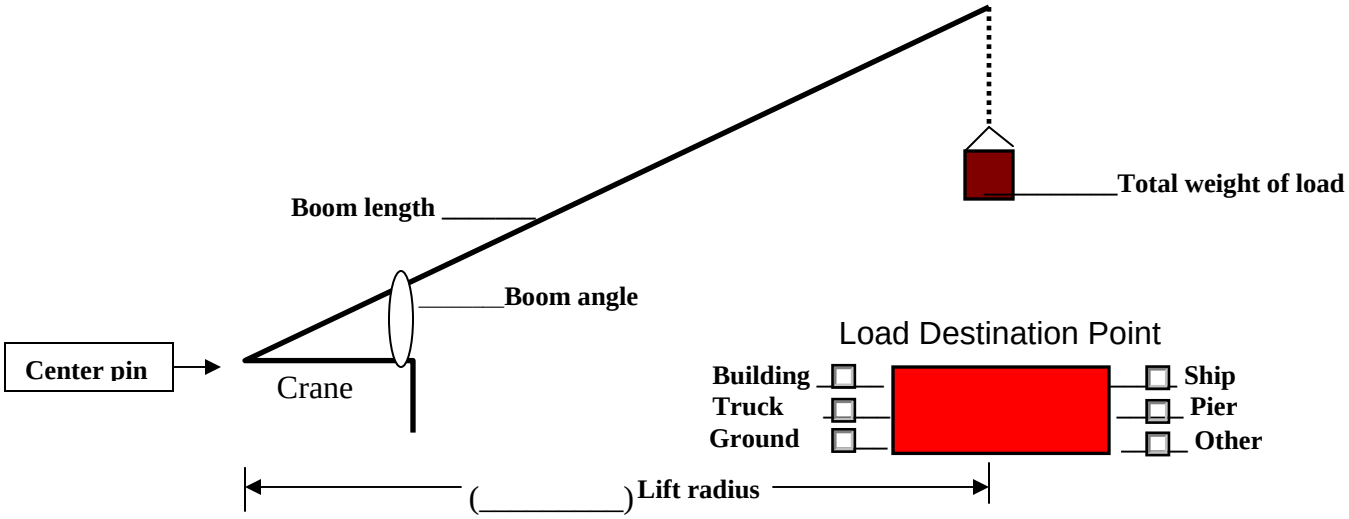
Rigging Procedure to be Used: _____

COMMUNICATION:

A. Hand Signals ☐ **B. Two-way Radio** ☐ **C. Others Specify** ☐ _____

LIFT PLAN DETAIL SHEET

NON-Critical☐ **Critical**☐



GROUND CONDITIONS

Mat (cribbing) design is to be provided by the contractor, which will be used to achieve a level and stable foundation of sufficient bearing capacity for the lift.

Crane is to be positioned on: concrete☐, asphalt☐, grassy area☐, solid☐, sand☐,

Other (specify) _____

ENVIRONMENTAL CONDITIONS

Lift operations shall be immediately terminated if the following conditions arise:

a. Adverse operating condition: (climatic conditions (snow, ice, severe rain, wind, thunderstorms).
b. Winds in excess of _____ mph. (Based on wind calculations per equipment manufacturer's recommendations.)
c. Other factors (specify)_____

d. Comments:_____