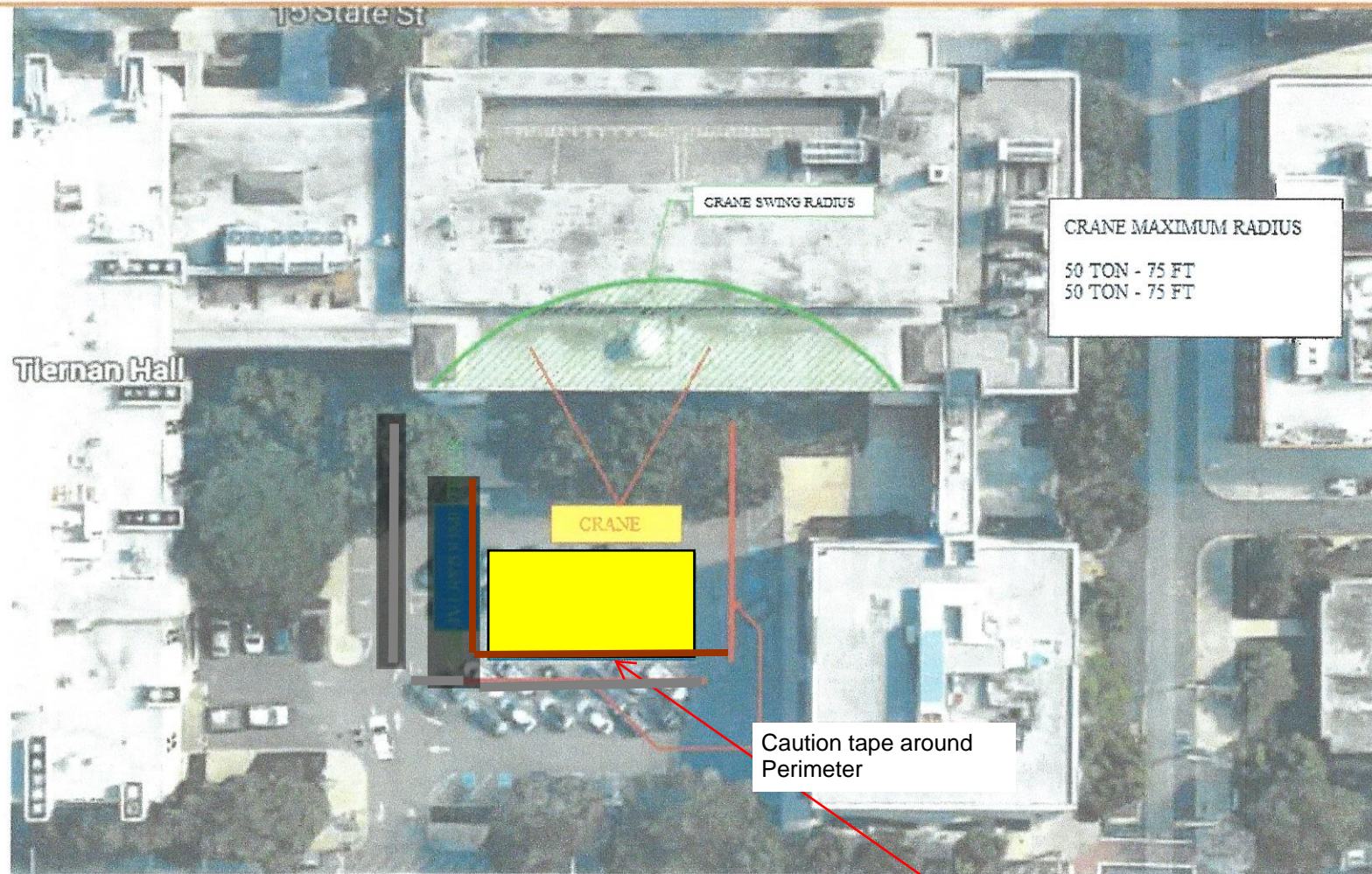


# AETNA ROOFING CORPORATION



**NJIT MEMORIAL HALL – CRANE LOCATIONS FOR LOADING OF ROOFING MATERIALS, EQUIPMENT, AND DEBIRS**

Crane Lift 1-16-20  
From: 6:00AM to 10:00 AM

1320 East State Street Trenton, N.J. 08609  
Phone: 609-586-3666 Facsimile 609-587-5708

Roofing – Sheet Metal - Waterproofing

Please be advised that  
only the 2 rows closer to  
sidewalk will be blocked  
off and remaining rows  
can be used for parking.





## Crane USE PERMIT

A crane use permit is required for *each and every time* a crane is setup and operated. A signed off lift plan is required before a crane use permit can be issued. No Lifting or extension of outriggers can be done until all sections of the crane permit have been signed off.

Date: 01-09-2020	Time of Crane Use: Start	Complete 01-16-2020	
Pick Location: NJIT Memorial Hall, 01-16-2020			
Pick Location (nearest buildings): Southwest Side of Building	Gilbane Representative for Pick:		
Contractor/ Rigging Company: John Biasini	Emergency Phone No: (609) 947-6756		
Lead Rigger/Competent Person:	Emergency Phone No:		
Crane Company: Aetna Roofing Corporation			
Crane Operator: See Attached	License #: See Attached	Expiration Date: See Attached	
Make Manutex (2013)	Model 50128S	Capacity 50 Ton	S/N 195573
Boom Length 128 ft	Jib Used? NO If so, length?	Offset, if Used	

2. Load Characteristics (From Lift Plan dated 01-09-2020)		
Description of Maximum Load: Roofing Materials, Equipment, and Debris	Dimensions of Max Load: 4' x 4' x 4'	
Total Gross load from Lift plan (max Load, Rigging & contingency): 3,245 lbs		
Max Pick Radius: 60 ft	Crane Capacity at Max radius: 8,200	% Total Gross Load / Crane capacity: 40%

3. Operator to Verify the Following			
<input checked="" type="checkbox"/> All Required OSHA Paperwork, Licenses and Certifications been completed and available in Cab	<input checked="" type="checkbox"/> Daily Inspection Completed and in Cab	<input checked="" type="checkbox"/> Lift Plan Reviewed and copy in cab	<input checked="" type="checkbox"/> Crane Configuration in Compliance with Lift Plan
<input checked="" type="checkbox"/> Outriggers Extended per Lift plan and Proper Dunnage Installed (Minimum 3'X3'x4")			<input checked="" type="checkbox"/> Operator has confirmed that Winds not excessive for Picks
<input checked="" type="checkbox"/> Operator has reviewed Overhead hazards		<input checked="" type="checkbox"/> Operator has reviewed underground hazards	
<input checked="" type="checkbox"/> Operator will measure and confirm max pick radius without load		<input checked="" type="checkbox"/> Operator will confirm total Gross Load weight prior to reaching max radius	

4. Contractor/Rigger to Verify			
<input checked="" type="checkbox"/> Slings and Rigging Inspected	<input checked="" type="checkbox"/> Taglines to be Used	<input checked="" type="checkbox"/> Swing Radius Barricaded, secure	<input checked="" type="checkbox"/> Lift Plan and Crane Permit Reviewed with Erection/Demolition Crew
<input checked="" type="checkbox"/> Traffic Control Plan in Place		<input checked="" type="checkbox"/> Signals System In Place	

Signatures	
Crane Operator Date and Time	Contractor/Rigger Date and Time:
Contractor/Rigger and Operator are the competent persons and are solely responsible for the safe execution of the lift(s) and will complete the lift(s) in accordance with OSHA and ANSI standards.	
Construction Management ( CM) Representative	Date & Time:
This Permit is issued to the above competent persons for the performance of the above planned lift(s).	





## 2

## Crane LIFT PLAN

This plan should be based on "worst case" combination of load weight and lift radius for a specific crane configuration in the location as indicated on the Lift Plan. The Lift Plan may be valid for more than one day, as long as the configuration, location, maximum expected load and maximum expected radius do *not* change from the Lift Plan as submitted. Every crane setup and operation must be covered by the Lift Plan as submitted. A Crane Use Permit is also required for each crane set up location prior to lifting.

Date Submitted: 01-09-2020	Proposed Date(s) For Lift Start : 01-14-2020 Complete: 01-14-2020
Contractor/ Rigging Company: Aetna Roofing Corp	Emergency Phone Number: John Biasini 609-947-6756
Crane Company: Aetna Roofing Corp	Emergency Phone Number: John Biasini 609-947-6756
Project: NJIT Memorial Hall Roof Replacement	Lift Location/Nearest Building(s): 149 Warren Street, Newark NJ
Description of Lifting Work to be done Lift to roof and remove from roof equipment, roofing materials, and debris	
Description of Lifting Scope: number of days 1	Number of items to be picked: Numerous

### 1. Crane Information

Make Manitex (Aetna Unit C85- 2013)	Model 50128S	Capacity ( tons) 50 Tons	
Crane's Total Boom Length for this Configuration ( Boom only) 128 ft	Jib Used? No	Length N/A	Offset, if Used N/A
Will outriggers be fully extended? <u>YES</u> If not, please explain setting:			
Will the Lift be based on 360° crane use and chart? <u>YES</u> If not, please explain:			
Maximum Boom Length Required 128 ft	Maximum Pick Radius Required 60 ft		
Is FAA or Airport Notification Required? No			
Owner or local regulatory agency notification required? No			

### 2. Load Characteristics

Description of Max Load: 2300 lbs – Insulation cover board			
Dimensions of Max Load . 4' x 4' x 4'	Provide sketch		
Weight of Max Load <u>2300</u>	How was this determined? MFG Sheet	Please attach calculations.	
What is the maximum safe wind speed allowed for the picks covered under this lift plan? 25 MPH			
Will the load be unbalanced? NO If so, how will it be leveled during pick?			

### 3. Rigging Information:

List Rigging Components Please be specific – number, type, softeners, size, length, lift beam, capacity, etc. Bridle and strappers
Worst Case Weight of Line, Block , and All Rigging: 3,245 lbs

### 4. Other Weights to be Considered to Determine Total Gross Load of Item to be Lifted:

a. Weight of Max Load	2,300 lbs
b. Weight of Rigging:	120 lbs
c. Added weight for factor of safety (minimum 20% of line a for uncertified weight)	Other: Block = 327 lbs, Stowed Jib = 370 lbs, Hoist Line = 128 lbs
Total Gross Load:	3,245 lbs



### 5. Crane Location/Clearances

- a. Has contractor developed a plan to control and protect vehicular and pedestrian traffic? YES Please submit – see attached
- b. Will a full road blockage or partial road blockage be required? No
- c. Will load be placed on permanent facilities such as existing roof or landscaping at any time during pick? Materials will be staged in parking lot
- d. Has Contractor developed a to scale plot plan showing crane location, adjacent structures, roadways, underground Utilities, etc. within swing radius 01-05-2 Please submit showing direction of swing - see attached
- e. Has Contractor completed a to-scale elevation sketch or drawing depicting crane, adjacent structures, and load? Yes Please submit. See map attached
- f. Has Contractor surveyed the area for overhead power lines and other hazards? Yes
- g. Has Digsafe or Underground Utility Locator service marked area beneath crane set up? NO
- h. Have ground conditions adequate to support all loads been verified? Yes
- i. Will load or any part of crane/rigging be within 20 feet of energized power lines or any process system at any time during assembly/disassembly or hoisting? No

### 6. Summary "Worst Case" Lift Scenario

a. Max Pick Radius 60 ft	b. Total Gross Load 3,245 lbs	c. Crane Chart Capacity @ Max Pick Radius 8,200 lbs	d. % of Crane Capacity ( line 6b/ 6c) 40%
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### 7. Contractor Assembly/Disassembly Director to Verify the Following

<input type="checkbox"/> Crane Operators Certified and Riggers, Signal persons qualified and documentation provided	<input type="checkbox"/> Daily, Monthly, Annual Inspections current and available to Operator in cab	<input type="checkbox"/> Lift Plan Reviewed and copy in cab	<input type="checkbox"/> Crane Configuration in Compliance with Lift Plan and manufacturers requirements
<input type="checkbox"/> Outriggers Extended per Lift plan and Proper pad supports Installed			<input type="checkbox"/> Operator has confirmed that Winds not excessive for Picks/per mfr req'ts
<input type="checkbox"/> Overhead hazards reviewed		<input type="checkbox"/> Ground conditions adequate for superimposed loads/verified w/controlling entity	
<input type="checkbox"/> Slings and Rigging Inspected	<input type="checkbox"/> Taglines to be Used	<input type="checkbox"/> Swing Radius Barricaded, secure	<input type="checkbox"/> Lift Plan and Crane Permit Reviewed with Erection/Demolition Crew
<input type="checkbox"/> Traffic Control Plan in Place		<input type="checkbox"/> Signals System In Place	
<input type="checkbox"/> Measure and confirm max pick radius without load		<input type="checkbox"/> Confirm total Gross Load weight prior to reaching max radius	
<input type="checkbox"/> Work area controlled- fall zone restricted		<input type="checkbox"/> Power lines deenergized/ 20 ft distance maintained	
<input type="checkbox"/> Safety devices functioning		<input type="checkbox"/> Operational aids functioning	
<input type="checkbox"/> Fall protection equipment/methods in place		<input type="checkbox"/> Crew trained on hazards/safe work plan?	

### 8. Certified/Qualified personnel (documentation must be provided)

<input type="checkbox"/> Operators See attached list of all Aetna Crane Operators	<input type="checkbox"/> Riggers See attached list of all Aetna Riggers	<input type="checkbox"/> Signalpersons See attached list of all Aetna Signalers
<input type="checkbox"/> Equipment/rigging Inspectors : See attached list of Aetna Crane Operators		<input type="checkbox"/> Designated spotters – Will be from list of Aetna riggers and signalers

### 9. Documentation Provided (all must be provided):

<input type="checkbox"/> Plot Plan w/Crane Location etc	<input type="checkbox"/> Elevation Sketch N/A	<input type="checkbox"/> Weight Calculations for Max Load	<input type="checkbox"/> Rigging List/Sketch	<input type="checkbox"/> Appropriate Crane Charts
<input type="checkbox"/> De-energization/grounding of power lines from utility		<input type="checkbox"/> Underground conditions reports		

### 10. Safety work plans (all must be provided):

<input type="checkbox"/> Fall protection Plan N/A	<input type="checkbox"/> Work around power lines N/A	<input type="checkbox"/> Assembly/disassembly Plan N/A	<input type="checkbox"/> Work area control Yes
<input type="checkbox"/> Traffic Control Plan – see attached		<input type="checkbox"/> Job/Activity Hazard Analysis for all other related activities	



<b>11. Attachments and supports</b>		
<input type="checkbox"/> Foundation per mfr req'ts or Structural PE?	<input type="checkbox"/> Collars/struts per mfr req'ts? YES	<input type="checkbox"/> Attachment to building/structure per PE? N/A

<b>12. Critical Lift</b>	<b>Yes</b>	<b>No</b>
Will crane(s) need to "travel" with loads?		X
Will pick require more than one crane?		X
Is total gross load more than 75% of rated capacity of crane at the max radius?		X
Is total gross load more than 50% of rated capacity AND lifting over existing facilities?		X
Will lift/carry personnel?		X
Are multiple cranes/derricks to be used for the lift?		X
Is pick item weighing over 10,000 pounds being up ended ( horizontal/vertical)?		X

**If the answer to any of the above is yes then this is a critical lift which will require additional information below, and must be signed off by contractor's licensed professional engineer unless otherwise waived by all individuals who sign below.**

PE stamp required \_\_\_\_\_ PE stamp not required   X  

Detailed description of item to be lifted - use separate sheet(s) as necessary

Lift to roof and remove from roof equipment, roofing materials, and debris.

List hoisting equipment to be used. Include inspection tag number and date

<b>Equipment/Lift relationship</b>		
Operating radius	Lift Unit 1	Lift Unit 2
Boom length	128 ft	
Allowable load (from Load chart)	3,245 lbs	
Ratio Lift/Allowable load	40%	
Clearance between boom & Lift	Varies	
Clearance to surroundings	30 ft	

<b>Weight of Critical Lift (use A, B or C)</b>	
A. Certified Scale weight (attach ticket)	lbs.
B. Calculated independently by more than one source	Source Name: _____ lbs. Source Name: _____ lbs.

<b>Pre-Lift Inspections</b>	
<input type="checkbox"/> Hoisting equipment <input type="checkbox"/> Underground utilities/adjacent structures <input type="checkbox"/> Rigging/thimbles/clamps	<input type="checkbox"/> Ground bearing conditions <input type="checkbox"/> Cribbing/mats design/installation <input type="checkbox"/> Spreader bars/Blocks/Attachments

**Name and Signature of Qualified Person Inspecting:**

**Operator experience:**

List experience on this type of equipment and type of lift (use separate sheet when required:

**Attach schedule of operations including time for rigging and equipment inspection**  
**Remarks**

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Signatures			
Crane Company Qualified Person	Signature:	Contractor/Rigger Assembly/Disassembly Director	Signature:
	Date:		Date:
<b>Contractor Assembly/Disassembly Director is solely responsible for accuracy and completeness of this lift plan and the safe execution of the lift (s). Contractor Assembly/Disassembly Director and equipment Operator will verify lift will comply with applicable OSHA and ANSI Standards and manufacturer requirements.</b>			
Construction Manager (CM) Representative	Signature:		Date:
Safety Representative from CM	Signature:		Date:
Certified Operator(s)	Signature(s):		Date:
Qualified rigger(s)	Signature(s):		Date:
Qualified Signalperson(s)	Signature(s):		Date:
<b>Contractor Assembly/Disassembly Director is solely responsible for accuracy and completeness of this lift plan and the safe execution of the lift (s). Contractor Assembly/Disassembly Director and equipment Operator will verify lift will comply with applicable OSHA and ANSI Standards and manufacturer requirements.</b>			
<b>The Gilbane review is only to acknowledge the receipt of the Contractor/ Rigger and Crane Company's lift plan</b>			





## Crane USE PERMIT

A crane use permit is required for *each and every time* a crane is setup and operated. A signed off lift plan is required before a crane use permit can be issued. No Lifting or extension of outriggers can be done until all sections of the crane permit have been signed off.

Date: 01-09-2020	Time of Crane Use: Start 01-14-2020 Complete 01-14-2020
Pick Location: <b>NJIT Memorial Hall,</b>	
Pick Location ( nearest buildings): <b>Southwest Side of Building</b>	Gilbane Representative for Pick:
Contractor/ Rigging Company: <b>John Biasini</b>	Emergency Phone No: <b>(609) 947-6756</b>
Lead Rigger/Competent Person:	Emergency Phone No:
Crane Company: <b>Aetna Roofing Corporation</b>	
Crane Operator: <b>See Attached</b>	License #: <b>See Attached</b> Expiration Date: <b>See Attached</b>
Make <b>Manitex (2018)</b>	Model <b>50128S</b> Capacity <b>50 Ton</b> S/N <b>256149</b>
Boom Length <b>128 ft</b>	Jib Used? <b>NO</b> If so, length? _____ Offset, if Used

### 2. Load Characteristics (From Lift Plan dated 01-09-2020 )

Description of Maximum Load: <b>Roofing Materials, Equipment, and Debris</b>	Dimensions of Max Load: <b>4' x 4' x 4'</b>
Total Gross load from Lift plan (max Load, Rigging & contingency): <b>3,245 lbs</b>	
Max Pick Radius: <b>60 ft</b>	Crane Capacity at Max radius: <b>8,050</b> % Total Gross Load / Crane capacity: <b>40.3%</b>

### 3. Operator to Verify the Following

<input checked="" type="checkbox"/> All Required OSHA Paperwork, Licenses and Certifications been completed and available in Cab	<input checked="" type="checkbox"/> Daily Inspection Completed and in Cab	<input checked="" type="checkbox"/> Lift Plan Reviewed and copy in cab	<input checked="" type="checkbox"/> Crane Configuration in Compliance with Lift Plan
<input checked="" type="checkbox"/> Outriggers Extended per Lift plan and Proper Dunnage Installed (Minimum 3'X3'x4")			<input checked="" type="checkbox"/> Operator has confirmed that Winds not excessive for Picks
<input checked="" type="checkbox"/> Operator has reviewed Overhead hazards		<input checked="" type="checkbox"/> Operator has reviewed underground hazards	
<input checked="" type="checkbox"/> Operator will measure and confirm max pick radius without load		<input checked="" type="checkbox"/> Operator will confirm total Gross Load weight prior to reaching max radius	

### 4. Contractor/Rigger to Verify

<input checked="" type="checkbox"/> Slings and Rigging Inspected	<input checked="" type="checkbox"/> Taglines to be Used	<input checked="" type="checkbox"/> Swing Radius Barricaded, secure	<input checked="" type="checkbox"/> Lift Plan and Crane Permit Reviewed with Erection/Demolition Crew
<input checked="" type="checkbox"/> Traffic Control Plan in Place		<input checked="" type="checkbox"/> Signals System In Place	

### Signatures

Crane Operator Date and Time	Contractor/Rigger Date and Time:
<b>Contractor/Rigger and Operator are the competent persons and are solely responsible for the safe execution of the lift(s) and will complete the lift(s) in accordance with OSHA and ANSI standards.</b>	
Construction Management ( CM) Representative	Date & Time:
This Permit is issued to the above competent persons for the performance of the above planned lift(s).	





## 2

### Crane LIFT PLAN

This plan should be based on "worst case" combination of load weight and lift radius for a specific crane configuration in the location as indicated on the Lift Plan. The Lift Plan may be valid for more than one day, as long as the configuration, location, maximum expected load and maximum expected radius do *not* change from the Lift Plan as submitted. Every crane setup and operation must be covered by the Lift Plan as submitted. A Crane Use Permit is also required for each crane set up location prior to lifting.

Date Submitted: 01-09-2020	Proposed Date(s) For Lift Start : 01-14-2020 Complete: 01-14-2020
Contractor/ Rigging Company: Aetna Roofing Corp	Emergency Phone Number: John Biasini 609-947-6756
Crane Company: Aetna Roofing Corp	Emergency Phone Number: John Biasini 609-947-6756
Project: NJIT Memorial Hall Roof Replacement	Lift Location/Nearest Building(s): 149 Warren Street, Newark NJ
Description of Lifting Work to be done Lift to roof and remove from roof equipment, roofing materials, and debris	
Description of Lifting Scope: number of days 1	Number of items to be picked: Numerous

#### 1. Crane Information

Make Manitex (Aetna Unit C92- 2018)	Model 50128S	Capacity ( tons) 50 Tons
Crane's Total Boom Length for this Configuration ( Boom only) 128 ft	Jib Used? No	Length N/A Offset, if Used N/A
Will outriggers be fully extended? <u>YES</u> If not, please explain setting:		
Will the Lift be based on 360° crane use and chart? <u>YES</u> If not, please explain:		
Maximum Boom Length Required 128 ft	Maximum Pick Radius Required 60 ft	
Is FAA or Airport Notification Required? No		
Owner or local regulatory agency notification required? No		

#### 2. Load Characteristics

Description of Max Load: 2300 lbs – Insulation cover board		
Dimensions of Max Load . 4' x 4' x 4'	Provide sketch	
Weight of Max Load <u>2300</u>	How was this determined? MFG Sheet	Please attach calculations.
What is the maximum safe wind speed allowed for the picks covered under this lift plan? 25 MPH		
Will the load be unbalanced? NO If so, how will it be leveled during pick?		

#### 3. Rigging Information:

List Rigging Components Please be specific – number, type, softeners, size, length, lift beam, capacity, etc. Bridle and strappers
Worst Case Weight of Line, Block , and All Rigging: 3,245 lbs

#### 4. Other Weights to be Considered to Determine Total Gross Load of Item to be Lifted:

a. Weight of Max Load	2,300 lbs
b. Weight of Rigging:	120 lbs
c. Added weight for factor of safety (minimum 20% of line a for uncertified weight)	Other: Block = 327 lbs, Stowed Jib = 370 lbs, Hoist Line = 128 lbs
Total Gross Load:	3,245 lbs



### 5. Crane Location/Clearances

- a. Has contractor developed a plan to control and protect vehicular and pedestrian traffic? YES Please submit – see attached
- b. Will a full road blockage or partial road blockage be required? No
- c. Will load be placed on permanent facilities such as existing roof or landscaping at any time during pick? Materials will be staged in parking lot
- d. Has Contractor developed a to scale plot plan showing crane location, adjacent structures, roadways, underground Utilities, etc. within swing radius? YES Please submit showing direction of swing - see attached
- e. Has Contractor completed a to-scale elevation sketch or drawing depicting crane, adjacent structures, and load? Yes Please submit. See map attached
- f. Has Contractor surveyed the area for overhead power lines and other hazards? Yes
- g. Has Digsafe or Underground Utility Locator service marked area beneath crane set up? NO
- h. Have ground conditions adequate to support all loads been verified? Yes
- i. Will load or any part of crane/rigging be within 20 feet of energized power lines or any process system at any time during assembly/disassembly or hoisting? No

### 6. Summary "Worst Case" Lift Scenario

a. Max Pick Radius 60 ft	b. Total Gross Load 3,245 lbs	c. Crane Chart Capacity @ Max Pick Radius 8,200 lbs	d. % of Crane Capacity ( line 6b/ 6c) 40%
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### 7. Contractor Assembly/Disassembly Director to Verify the Following

<input type="checkbox"/> Crane Operators Certified and Riggers, Signal persons qualified and documentation provided	<input type="checkbox"/> Daily, Monthly, Annual Inspections current and available to Operator in cab	<input type="checkbox"/> Lift Plan Reviewed and copy in cab	<input type="checkbox"/> Crane Configuration in Compliance with Lift Plan and manufacturers requirements
<input type="checkbox"/> Outriggers Extended per Lift plan and Proper pad supports installed			<input type="checkbox"/> Operator has confirmed that Winds not excessive for Picks/per mfr req'ts
<input type="checkbox"/> Overhead hazards reviewed		<input type="checkbox"/> Ground conditions adequate for superimposed loads/verified w/controlling entity	
<input type="checkbox"/> Slings and Rigging Inspected	<input type="checkbox"/> Taglines to be Used	<input type="checkbox"/> Swing Radius Barricaded, secure	<input type="checkbox"/> Lift Plan and Crane Permit Reviewed with Erection/Demolition Crew
<input type="checkbox"/> Traffic Control Plan in Place		<input type="checkbox"/> Signals System In Place	
<input type="checkbox"/> Measure and confirm max pick radius without load		<input type="checkbox"/> Confirm total Gross Load weight prior to reaching max radius	
<input type="checkbox"/> Work area controlled- fall zone restricted		<input type="checkbox"/> Power lines deenergized/ 20 ft distance maintained	
<input type="checkbox"/> Safety devices functioning		<input type="checkbox"/> Operational aids functioning	
<input type="checkbox"/> Fall protection equipment/methods in place		<input type="checkbox"/> Crew trained on hazards/safe work plan?	

### 8. Certified/Qualified personnel (documentation must be provided)

<input type="checkbox"/> Operators See attached list of all Aetna Crane Operators	<input type="checkbox"/> Riggers See attached list of all Aetna Riggers	<input type="checkbox"/> Signalpersons See attached list of all Aetna Signalers
<input type="checkbox"/> Equipment/rigging Inspectors : See attached list of Aetna Crane Operators		<input type="checkbox"/> Designated spotters – Will be from list of Aetna riggers and signalers

### 9. Documentation Provided (all must be provided):

<input type="checkbox"/> Plot Plan w/Crane Location etc	<input type="checkbox"/> Elevation Sketch N/A	<input type="checkbox"/> Weight Calculations for Max Load	<input type="checkbox"/> Rigging List/Sketch	<input type="checkbox"/> Appropriate Crane Charts
<input type="checkbox"/> De-energization/grounding of power lines from utility		<input type="checkbox"/> Underground conditions reports		

### 10. Safety work plans (all must be provided):

<input type="checkbox"/> Fall protection Plan N/A	<input type="checkbox"/> Work around power lines N/A	<input type="checkbox"/> Assembly/disassembly Plan N/A	<input type="checkbox"/> Work area control Yes
<input type="checkbox"/> Traffic Control Plan – see attached		<input type="checkbox"/> Job/Activity Hazard Analysis for all other related activities	



**11. Attachments and supports**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Foundation per mfr req'ts or Structural PE? | <input type="checkbox"/> Collars/struts per mfr req'ts? YES | <input type="checkbox"/> Attachment to building/structure per PE? N/A |
|--|---|---|

**12. Critical Lift**

	Yes	No
Will crane(s) need to "travel" with loads?		X
Will pick require more than one crane?		X
Is total gross load more than 75% of rated capacity of crane at the max radius?		X
Is total gross load more than 50% of rated capacity AND lifting over existing facilities?		X
Will lift/carry personnel?		X
Are multiple cranes/derricks to be used for the lift?		X
Is pick item weighing over 10,000 pounds being up ended ( horizontal/vertical)?		X

**If the answer to any of the above is yes then this is a critical lift which will require additional information below, and must be signed off by contractor's licensed professional engineer unless otherwise waived by all individuals who sign below.**

**PE stamp required** \_\_\_\_\_ **PE stamp not required**   X  

Detailed description of item to be lifted - use separate sheet(s) as necessary

Lift to roof and remove from roof equipment, roofing materials, and debris.

List hoisting equipment to be used. Include inspection tag number and date

**Equipment/Lift relationship**

	Lift Unit 1	Lift Unit 2
Operating radius	128 ft	
Boom length	3,245 lbs	
Allowable load (from Load chart)	40.3%	
Ratio Lift/Allowable load	Varies	
Clearance between boom & Lift	30 ft	
Clearance to surroundings		

**Weight of Critical Lift (use A, B or C)**

<b>A.</b> Certified Scale weight (attach ticket)	lbs.
<b>B.</b> Calculated independently by more than one source	Source Name: _____ lbs. Source Name: _____ lbs.

**Pre-Lift Inspections**

- |  |  |
|--|--|
| <input type="checkbox"/> Hoisting equipment                        | <input type="checkbox"/> Ground bearing conditions         |
| <input type="checkbox"/> Underground utilities/adjacent structures | <input type="checkbox"/> Cribbing/mats design/installation |
| <input type="checkbox"/> Rigging/thimbles/clamps                   | <input type="checkbox"/> Spreader bars/Blocks/Attachments  |

**Name and Signature of Qualified Person Inspecting:**

**Operator experience:**

**List experience on this type of equipment and type of lift (use separate sheet when required:**

**Attach schedule of operations including time for rigging and equipment inspection**  
**Remarks**





Signatures			
Crane Company Qualified Person	Signature:	Contractor/Rigger Assembly/Disassembly Director	Signature:
	Date:		Date:
<b>Contractor Assembly/Disassembly Director is solely responsible for accuracy and completeness of this lift plan and the safe execution of the lift (s). Contractor Assembly/Disassembly Director and equipment Operator will verify lift will comply with applicable OSHA and ANSI Standards and manufacturer requirements.</b>			
Construction Manager (CM) Representative	Signature:	Date:	
Safety Representative from CM	Signature:	Date:	
Certified Operator(s)	Signature(s):	Date:	
Qualified rigger(s)	Signature(s):	Date:	
Qualified Signalperson(s)	Signature(s):	Date:	
<b>Contractor Assembly/Disassembly Director is solely responsible for accuracy and completeness of this lift plan and the safe execution of the lift (s). Contractor Assembly/Disassembly Director and equipment Operator will verify lift will comply with applicable OSHA and ANSI Standards and manufacturer requirements.</b>			

The Gilbane review is only to acknowledge the receipt of the Contractor/ Rigger and Crane Company's lift plan