

CERTIFICATE OF COMPLIANCE

This certificate shall be signed by an official of the company that provides cranes for any application under this contract. Post a completed certificate on each crane brought onto Navy property.

CONTRACTING OFFICER'S POINT OF CONTACT (Government Representative)	PHONE
PRIME CONTRACTOR/PHONE	CONTRACT NUMBER
CRANE SUPPLIER/PHONE (if different from prime contractor)	CRANE NUMBER (i.e., ID number)

CRANE MANUFACTURER/TYPE/CAPACITY

CRANE OPERATOR'S NAME(S)

I certify that

1. The above noted crane and associated rigging gear conform to applicable OSHA regulations (host country regulations for naval activities in foreign countries) and applicable ASME B30 standards. The following OSHA regulations and ASME standards apply: _____
2. The operators noted above have been trained and are qualified for the operation of the above noted crane.
3. The operators noted above have been trained not to bypass safety devices 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.

COMPANY OFFICIAL SIGNATURE	DATE
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COMPANY OFFICIAL NAME/TITLE

POST ON CRANE

(IN CAB OR VEHICLE)

CONTRACTOR CRANE ENTRY PACKAGE CHECKLIST

1	Crane Company:	Date of Entry:				
	Crane Manufacturer/Crane Model/Crane Number:	Time of Entry:				
2	Date of Annual Inspection Expiration					
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 <input type="checkbox"/>	No <input type="checkbox"/>	
6	Location of lift site?					
7	Duration crane will be continuously on the job site (hrs, days, weeks...)					
8	Does plan include certification from contractor that the crane complies with ASME B30 standard [B30.5 (mobile cranes), B30.8 (floating cranes), B30.22 (articulating boom cranes), or B30.3 (construction tower cranes)] as applicable?			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
9	Does plan include a certificate of compliance?			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
10	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 applies; for cranes used in shipbuilding, ship repair, or ship breaking, 29 CFR 1915 applies).					
11	Does plan include valid medical certificate and proof of operator qualification from a source that qualifies crane operators (union, governmental agency, or an organization that tests and qualifies crane operators)? Verify qualification for each back-up operator (if provided) on the certificate of compliance.			Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
12	Does the plan designate a qualified Rigger-in-Charge			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
13	What is the weight of the heaviest load to be lifted?			lbs.		
14	What is the weight of the rigging gear?			lbs.		
15	What are the crane 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.		
16	What is the maximum total crane lift (sum of 13, 14 & 15 above)?		TOTAL		lbs.	
17	What is the capacity of the crane as configured			lbs.		
18	What percentage of crane capacity does this lift represent?			%		
19	What is the main boom length? If a jib will be utilized, indicate the length and offset.		MAIN	JIB	OFFSET	
20	What are the minimum and maximum load radii?	Min.		Max.		
21	Does the plan include the manufacturer's load chart for entire range of lift(s)?			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
22	Does plan include ground loading and outrigger reaction data to determine cribbing requirements, or a Waterfront Operational Permit?			Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

23	For crawler crane, does the plan indicate area restrictions for operation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
24	For floating crane, does plan include maximum allowable list?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
25	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 <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
26	For mobile crane mounted on barge, does plan include revised load chart?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
27	What are the environmental conditions under which crane operations are to be stopped?			
28	Will the crane perform critical lifts? (If no, skip items 29 –49.)		Yes <input type="checkbox"/>	No <input type="checkbox"/>
29	What circumstances require this lift to be classified as a critical lift? (Blind lift, 75% of chart, non-routine rigging, etc.)			
30	What are the exact dimensions of the load? (L x W x H)			
31	Does the plan indicate the crane position? (Overhead view)		Yes <input type="checkbox"/>	No <input type="checkbox"/>
32	What is the maximum lift height of the lift?			
33	What is the minimum boom angle?			
34	What is the maximum boom angle?			
35	What is the name of the operator?			
36	Indicate name(s) of backup operator (if required).			
37	Does the plan show lift points?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
38	Does the plan describe the rigging procedures?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
39	Does the plan indicate rigging hardware requirements?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
40	For personnel lifts, does the plan demonstrate compliance with 29 CFR 1926.550?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
41	Does EM 385-1-1 govern this lift?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
42	What are the coordination and communication requirements for the lift (e.g., radio and hand signals)?			
43	For tandem or tailing crane lifts, does the plan indicate the make and model of the crane, the line, boom, and swing speeds, and the requirement for an equalizer beam?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
44	For floating cranes, refer to questions 20-22?			
45	What is the name of the lift supervisor?			
46	Does the plan indicate the qualifications of the lift supervisor?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
47	What are the names of the riggers?			
48	Does the plan indicate the qualifications of the riggers?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
49	Did all involved personnel (Operator, Riggers, Lift Supervisor, etc.) sign the critical lift plan?		Yes <input type="checkbox"/>	No <input type="checkbox"/>

Signature below verifies crane package complies with NAVFACMIDLANTINST 11262.1.

Name	Organization	Signature	Date	Phone
Contracting Official:				
Reviewed By				

CONTRACTOR CRANE PRE-ENTRY CHECKLIST

Inspection Information: ROICC/FEAD/OICC Other _____

Contractor's Package Rec'd:	Proposed Date(s) of Entry:	Prime Contractor:	Prime Contractor POC:	Phone:		
		Contracting Officer:	Phone:	Contract Number:		
Crane Supplier/Phone (if different from prime contractor)		Serial number		Approved/Qualified Operator(s) and Rigger-in-Charge:		
				1.		
Crane Manufacturer		Crane Model	Crane Number			
				2.		
Manufacturers Maximum Rated Capacity:		Heaviest Lift::		3.		
Cert. Type Exp. Date		Crane Setup Site:		Lift <input type="checkbox"/> Critical		
Quadrennial: _____				Type: <input type="checkbox"/> Routine		
Annual: _____						
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> Crane Type at Check in Point: <input type="checkbox"/> Mobile RT <input type="checkbox"/> Floater <input type="checkbox"/> Mobile Truck <input type="checkbox"/> Mobile on barge <input type="checkbox"/> Crawler <input type="checkbox"/> Boom Truck If Boom Truck, will boom be used for lift? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, does Boom Truck have required papers? <input type="checkbox"/> Y <input type="checkbox"/> N </td> <td style="width: 50%; border: none;"> Boom Type Telescopic manufactured after 02/28/92? <input type="checkbox"/> Y <input type="checkbox"/> N Lattice manufactured after 02/28/92? <input type="checkbox"/> Y <input type="checkbox"/> N Equipped with Anti Two-Blocking device? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A Boom free of obvious defects? <input type="checkbox"/> Y <input type="checkbox"/> N </td> </tr> </table>					Crane Type at Check in Point: <input type="checkbox"/> Mobile RT <input type="checkbox"/> Floater <input type="checkbox"/> Mobile Truck <input type="checkbox"/> Mobile on barge <input type="checkbox"/> Crawler <input type="checkbox"/> Boom Truck If Boom Truck, will boom be used for lift? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, does Boom Truck have required papers? <input type="checkbox"/> Y <input type="checkbox"/> N	Boom Type Telescopic manufactured after 02/28/92? <input type="checkbox"/> Y <input type="checkbox"/> N Lattice manufactured after 02/28/92? <input type="checkbox"/> Y <input type="checkbox"/> N Equipped with Anti Two-Blocking device? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A Boom free of obvious defects? <input type="checkbox"/> Y <input type="checkbox"/> N
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Crane at Check in Point:						
Same as identified in submitted crane package?		<input type="checkbox"/> Y <input type="checkbox"/> N				
Configured same as identified in submitted crane package?		<input type="checkbox"/> Y <input type="checkbox"/> N				
All Hoist Block Hooks equipped with positive latching device?		<input type="checkbox"/> Y <input type="checkbox"/> N				
Operator at Check in Point in Possession of:		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A				
Completed Certificate of Compliance?		<input type="checkbox"/> Y <input type="checkbox"/> N				
Copy of Required Crane Certifications?		<input type="checkbox"/> Y <input type="checkbox"/> N				
Current Crane Operator Qualifications?		<input type="checkbox"/> Y <input type="checkbox"/> N				
Copy of Approved Lift Plan?		<input type="checkbox"/> Y <input type="checkbox"/> N				
Copy of approved NNSY Ground Loading restrictions for all set up/work locations?		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A				
Approved cribbing plan and cribbing at pass office prior to entry		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A				
Load Rating Charts visible to operator while at controls?		<input type="checkbox"/> Y <input type="checkbox"/> N				
Boom angle indicator visible to operator while at controls?		<input type="checkbox"/> Y <input type="checkbox"/> N				
Hoist controls equipped with drum rotation indicator?		<input type="checkbox"/> Y <input type="checkbox"/> N				
Crane carrier equipped with back-up alarm?		<input type="checkbox"/> Y <input type="checkbox"/> N				
		List/Trim angle indicator visible to operator while at controls? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A				
		Calibrated Load Moment/Load Indicator present in operator's cab? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A				
		Crane equipped with appropriately rated fire extinguisher? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A				
		Rigging gear manufactured in accordance with industry standards and free of obvious defects? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A				
		Hoist wire rope free of obvious defects? <input type="checkbox"/> Y <input type="checkbox"/> N				
		Hoist wire rope dead ended with:				
		Poured Socket? <input type="checkbox"/> Y <input type="checkbox"/> N				
		Wedge Socket? <input type="checkbox"/> Y <input type="checkbox"/> N				
		If wedge type socket, is pig tail clamped correctly? <input type="checkbox"/> Y <input type="checkbox"/> N				
		Crane equipped with spill containment kit? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A				
General Notes						
Approved: Surveillance Team Member or COR		Phone	Expiration of Permit	Date of entry: Time of Entry:		

**CONTRACTOR CRANE
OPERATING PERMIT**

DATE ISSUED

EXPIRATION DATE

CONTRACTING AGENT PHONE # & NAME _____

CONTRACT # _____

AUTHORIZED LOCATION _____

CRANE CONTRACTOR _____

CRANE NUMBER _____

CONTRACTOR CRANE NON-OPERATION PERMIT

(CATEGORY 4 CRANES)

POST IN A CONSPICUOUS LOCATION ON THE CRANE OR IN THE VEHICLE CAB

Company:	Point of Contact (Name / Phone)
Crane Manufacture:	Vehicle ID / Serial Number:
Contracting Official:	Phone:
Work Location:	
I certify that this vehicle will be used for the transportation of personnel and materials only. At no time will the crane be operated while on Navy property.	
Company Official / Title: (print)	
Signature:	Date:

CONTRACTOR CRANE OPERATION CHECKLIST

		Yes	No	N/A
1.	Is the Certificate of Compliance in the operator's cab with the current operator's name listed?			
2.	Does operator know weight of load to be lifted?			
3.	In its present condition, is load within crane manufacturer's rated capacity?			
4.	Is crane level and on firm ground?			
	Does manufacture rate crane for on rubber lifts?			
	Is manufactures' on rubber load chart posted on crane within sight of operator?			
5.	Are outriggers required?			
	Are outrigger pads attached and outriggers fully deployed and loaded?			
	If not, does lift exceed manufactures' on rubber lift capacities?			
	Is there a cribbing ground loading diagram?			
6.	Are pinch points within counterweight swing radius identified?			
	Are pinch points within counterweight swing radius clear of personnel?			
	Is counterweight swing radius area guarded (taped, cones, roped, etc.)?			
7.	Has hook been positioned over center of gravity of load before performing lift?			
	Was load/crane stability checked after clearing lift off point?			
8.	Was rigging gear/hardware/below the hook lifting devices used in accordance with manufacturers safe working load requirements?			
	Were edges and abrasive surfaces padded adequately to prevent damage or sling failure?			
	Was load centered within lifting device?			
	If required was load frapped within the slings?			
9.	Is the swing and lift path clear of obstructions?			
10.	Was a tag line needed to prevent rotation of load?			
11.	Are personnel prevented from standing or passing under suspended load?			
12.	Is crane operator's attention being diverted from lift evolution?			
	Proper signals being used during lift cycle?			
	Side loading occurring during lift cycle?			
	Personnel being allowed to ride load during lift cycle?			
	Starting/Stopping during lift cycle being done in smooth manner?			
	Operations near electric power lines in accordance with required guidelines?			
13.	Is this a critical lift?			
	Is copy of critical lift plan at job site and being followed by operator?			
	Are all critical lift check off sheets initialed and signed off?			
Contractor:		Subcontractor:		
Location:			Date:	
Notes:				
Signature of Contracting Officer's Representative:				

**CONTRACTOR CRANE OVERSIGHT
DISCREPANCY FORM**

Date:	Crane: _____ Rigging: _____ Operations: _____	Control #
Contractor:		Sub Contractor:
Crane Owner:	Crane Mfg:	Model / Ser #
Location Of Operations:		
Contracting Official:	Phone:	Contract #

Item #	Discrepancy
Oversight Personnel's Signature:	Date:

**CONTRACTOR CRANE DISCREPANCY
RESPONSE FORM**

Date:	<u>Control #</u>	Contractor:	
Sub Contractor:		Crane Owner:	
Location Of Operations:			
Contracting Official:	Phone:	<u>Contract #</u>	
Root Cause			
Corrective / Preventive Action Action Taken To Prevent Recurrence			
Contracting Representatives Signature:			Date:

CRANE AND RIGGING GEAR ACCIDENT REPORT

Accident Category: <input type="checkbox"/> Crane Accident <input type="checkbox"/> Rigging Gear Accident	
From:	To: Navy Crane Center 10 Industrial Hwy MS 82 Lester, Pa 19113-2090 Fax (610) 595-0812
UIC:	
Activity:	Report No:
Crane No:	Category: Accident Date: Time: hrs
Category of Service: <input type="checkbox"/> SPS <input type="checkbox"/> GPS	Crane Type: Crane Manufacturer:
Location:	Weather:
Crane Capacity:	Hook Capacity: Weight of Load on Hook:
Fatality or Permanent Disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	Material/Property Cost Estimate:
Reported to NAVSAFECEN? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Accident Type:

<input type="checkbox"/> Personal Injury	<input type="checkbox"/> Overload	<input type="checkbox"/> Derail	<input type="checkbox"/> Damaged Rigging Gear
<input type="checkbox"/> Load Collision	<input type="checkbox"/> Two Blocked	<input type="checkbox"/> Dropped Load	<input type="checkbox"/> Damaged Crane
<input type="checkbox"/> Crane Collision	<input type="checkbox"/> Damaged Load	<input type="checkbox"/> Other Specify _____	

Cause of Accident:

<input type="checkbox"/> Improper Operation	<input type="checkbox"/> Equipment Failure	<input type="checkbox"/> Inadequate Visibility
<input type="checkbox"/> Improper Rigging	<input type="checkbox"/> Switch Alignment	<input type="checkbox"/> Inadequate Communication
<input type="checkbox"/> Track Condition	<input type="checkbox"/> Procedural Failure	<input type="checkbox"/> Other Specify _____

Chargeable to:

<input type="checkbox"/> Track Walker	<input type="checkbox"/> Rigger	<input type="checkbox"/> Operator
<input type="checkbox"/> Maintenance	<input type="checkbox"/> Management/Supervision	<input type="checkbox"/> Other Specify _____

Crane Function:

<input type="checkbox"/> Travel	<input type="checkbox"/> Hoist	<input type="checkbox"/> Rotate	<input type="checkbox"/> Luffing	<input type="checkbox"/> Telescoping	<input type="checkbox"/> Other	<input type="checkbox"/> N/A
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Is this accident indicative of a recurring problem? Yes No

If yes, list Accident Report Nos.: _____

ATTACH COMPLETE AND CONCISE SITUATION DESCRIPTION AND CORRECTIVE/PREVENTIVE ACTIONS TAKEN AS ENCLOSURE (1). Include probable cause and contributing factors. Assess damages and define responsibility. For equipment malfunction or failure, include specific description of the component and the resulting effect or problem caused by the malfunction or failure. List immediate and long term corrective/preventive actions assigned and respective codes.

Preparer:	Phone and email	Code	Date
Concurrences:			
	Code	Date	
	Code	Date	
Certifying Official (Crane Accidents Only):	Code	Date	