## **STEVEDORE OPERATION**

## DECLARATION OF LIFTING PLAN ASSESSMENT AND GEAR SETUP

Vessel / Barge				Date/ Time		
Type of Lifting Machine (LM) (e.g. Mobile crane, Ship crane/ Derrick etc.)						
	,		Date of last certifi	ication		
LM No.(attach certificate)			Date of expiry			
Details of Lifting Setup						
Description of Load(s)						
Intended Working Boom Length						
Intended Working Boom Radius						
Safe Lifting Capacity (SLC) (Refer to load chart, ensure the declared SI based on intended boom length/radius)	LC is accurate					
3 Heaviest Lift with lifting gears( (including cargo, forklift & other equipmen						
*Safety Factor: Mobile Crane : ≥ *(This section is only applicable to Mobile 0		(HL)	(scc) /	(HL)	(src) / (нг)	
I , the appointed lifting supervisor, declare that all the above Safety Factor(s):						
Please <b>v</b> in the box						
Is/are within the Safety Fac	tor Limit of ≥ 1.1 (Mobil	e Crane)				
Has/have exceeded the limit (NOT ALLOWED TO START LIFT OPERATION)						
Sketch the rigging diagram of the load (s) (show lifting gear setup, attach new page if insufficient space )						
Important Note: The entire lifting operation zone must be barricaded to prevent unauthorized access.						

## **STEVEDORE OPERATION**

## DECLARATION OF LIFTING PLAN ASSESSMENT AND GEAR SETUP

Declaration of lifting Supervisor and Mobile Crane Operator (** This section is not applicable for vessel crane operations.)					
I,					
Signature: Company stamp:					
I,					
Change of Lifting Supervisor					
I, taking-over lifting supervisor as list below (b) have been briefed by handling over lifting supervisor as listed below (a) and understood the prepared lifting plan and risk assessment.					
Date	Time	(a) Name / signature of handing over lifting supervisor	(b) Name / signature of taking-over lifting supervisor		

Effective Date: 10 Dec2012