

## Declaration and Assessment Of Tandem Lifting and Floating Crane Operations

Lifting Plan submitted on	:	Date scheduled for lifting	:
Name Of Requester	:	Contact	:
Name Of Company	:	Contact	:

**Requester shall provide the required information and carryout a coordination meeting with JP (at least 3 days) prior to operations.**

<b>Cargo Loading / Unloading from :</b>			
<input type="checkbox"/> Vessel to Wharf / Over-side Barge	<input type="checkbox"/> Wharf / Over-side barge to Vessel	<input type="checkbox"/> Storage Area / Hardstand	
<b>Area Of Operations :</b>			
<input type="checkbox"/> Vessel / Wharf	Location :	<input type="checkbox"/> Storage Area / Hardstand	Location :
<input type="checkbox"/> Name Of Vessel	:	<input type="checkbox"/> Name Of Transporter	:
<b>Types Of Lifting Operations :</b>			
<input type="checkbox"/> Tandem Lift		<input type="checkbox"/> Floating Crane Operation	
<b>Lifting Machine/s For The Lifting Operations Involve :</b>			
<input type="checkbox"/> Vessel Crane		<input type="checkbox"/> Mobile Crane	
<b>Lifting Operations Is Carried Out By:</b>			
<input type="checkbox"/> Stevedore Company	<input type="checkbox"/> Ship Master & Crew	<input type="checkbox"/> Mobile Crane Company	<input type="checkbox"/> Floating Crane Company
Name Of Person In Charge	:	Contact	:
Name Of Person In Charge	:	Contact	:
<b>Communication Mode Use For Lifting Operations :</b>			
<input type="checkbox"/> By Radio	<input type="checkbox"/> By Hand Signal	<input type="checkbox"/> By Whistle	
<input type="checkbox"/> By Other Mode (Please Specify) :			
<b>The Appointed Lifting Team Is From :</b>			
<input type="checkbox"/> Stevedore Company	<input type="checkbox"/> Vessel / Ship Crew	<input type="checkbox"/> Floating Crane Company	
<input type="checkbox"/> Transporter	<input type="checkbox"/> Others (Please Specify) :		
<b>Weather Condition :</b>			
Stop Lifting During / When	<input type="checkbox"/> Thunder storm / lightning / drizzle	<input type="checkbox"/> Visibility < __ meter	
Permissible wind speed: _____ knots for lifting operations			

# Declaration and Assessment Of Tandem Lifting and Floating Crane Operations

<b>Description Of Lifting Operations :</b>	
How is the lifting operations is to be conducted :	(Detail each lifting steps / sequence)
Provide drawing for the lifting gears detail set up for the cargo to be lifted :	(Detail the selection & set up of lifting gears)

<b>Lifting Commander / Supervisor :</b>			
Provide lifting qualification, training and experience for the above operations :			
I, <u>lifting commander / Supervisor</u> had evaluated the Lifting Plan and deemed safe to carry out the lifting operations as per plan. The lifting plan shall be communicated to the relevant party and lifting team for implementations.			
Name	:	Company / Stamp	:
Signature	:	Date	:

<b>Lifting Plan Is Prepared By :</b>			
Name	:	Company / Stamp	:
Signature	:	Date	:

<b>Appointment Of Lifting Commander / Supervisor :</b>			
I, _____ (on behalf of company representative) hereby appoint the above competent lifting commander/supervisor to be in-charged of the tandem lifting operations.			
Name	:	Company / Stamp	:
Signature	:	Date	:

## Declaration and Assessment Of Transportation And Storage Of Cargo

Mobile Crane Ground Loading Assessment :			
Mobile Crane Operations at	<input type="checkbox"/> Wharf <input type="checkbox"/> Hardstand	Location :	
Capacity of Mobile Crane		Model of Mobile Crane	
Capacity of Mobile Crane		Model of Mobile Crane	
Engineering Approval Obtained For Mobile Crane Outrigger Loading	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required		
Approval Obtained by		Company & Contact	

Hot Work Required For Cargo Lashing / Unlashing :		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Hot Work Perform By :	<input type="checkbox"/> Stevedore	<input type="checkbox"/> Ship Crew	<input type="checkbox"/> Others :
Person In Charge	:	Company	:

Land Transportation Assessment :			
Weight Of Cargo	:                      Ton	Overall Dimension (m) :	(L) x    (W) x    (Ht)
Gate Of Entry / Exit	<input type="checkbox"/> Main Gate <input type="checkbox"/> West Gate <input type="checkbox"/> Not Applicable <input type="checkbox"/> Others, Specify:		
Route Of Movement	<input type="checkbox"/> Wharf -Gate <input type="checkbox"/> Gate-Wharf <input type="checkbox"/> Wharf-Storage <input type="checkbox"/> Storage-Wharf		
Storage / Wharf Location	:	Approval Obtained	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mode of Transportation	<input type="checkbox"/> 16 Wheeler Trailer / Low Bed <input type="checkbox"/> Cometto – No Of Axle : _____		
Transport Plan Available	<input type="checkbox"/> Yes <input type="checkbox"/> No	Escort Provided	<input type="checkbox"/> Yes <input type="checkbox"/> No
Overall Height > 4.5 m	<input type="checkbox"/> Yes <input type="checkbox"/> No	Briefed On Height Gantry Limit	<input type="checkbox"/> Yes <input type="checkbox"/> No
Engineering Approval Obtained For Transport Ground Loading	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required		
Approval Obtained by	:	Company & Contact	:

Cargo Storage Ground Loading Assessment :			
Cargo Temporary Storage at	<input type="checkbox"/> Wharf <input type="checkbox"/> Hardstand	Location :	
Method of Storage	<input type="checkbox"/> On Cometto / Low Bed <input type="checkbox"/> On Temporary Support <input type="checkbox"/> Direct On Ground		
Overall Dimension (m)	(L) x    (W) x    (Ht)	Weight of Cargo	
Overall Dimension (m)	(L) x    (W) x    (Ht)	Weight of Cargo	
Overall Dimension (m)	(L) x    (W) x    (Ht)	Weight of Cargo	
Engineering Approval Obtained For Cargo Ground Loading	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required		
Approval Obtained by	:	Company & Contact	:

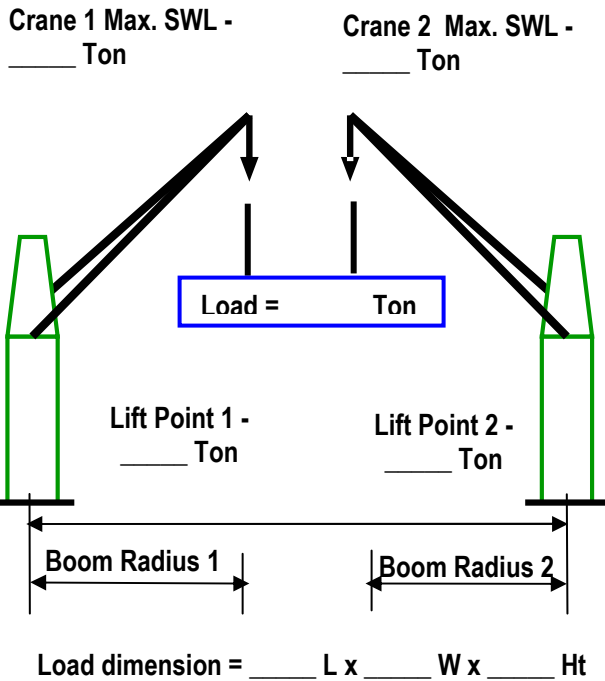
## Checklist For Coordination Meeting

The Following Documents Shall Be Available For The Coordination Meeting With JP:		Please '✓' as required
1	Lifting Plan : Sequence Of Lift / Method Statement	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
2	Lifting Gears Certificate	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
3	Vessel Crane Certificate	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
4	Lifting Gears Configurations (Details The Set Up of Lifting Gears For Lifting The Cargo)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
5	Load Chart Of Lifting Machine eg. Vessel Crane, Mobile Crane, Floating Crane	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
6	Engineering Approval For Mobile Crane Outrigger Loading	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
7	Engineering Approval For Transportation	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
8	Engineering Approval For Cargo Storage	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
9	Transportation Plan eg. Route of Travel	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
10	Risk Assessment For Lifting Operations	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
11	Risk Assessment For Transportation	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
12	Risk Assessment For Cargo Loading / Unloading at Storage Area	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
13	Others, specify :	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

## Sample Of Lifting Plan Assessment On Crane And Lifting Set Up

Cranes safe operating zone and assessment:

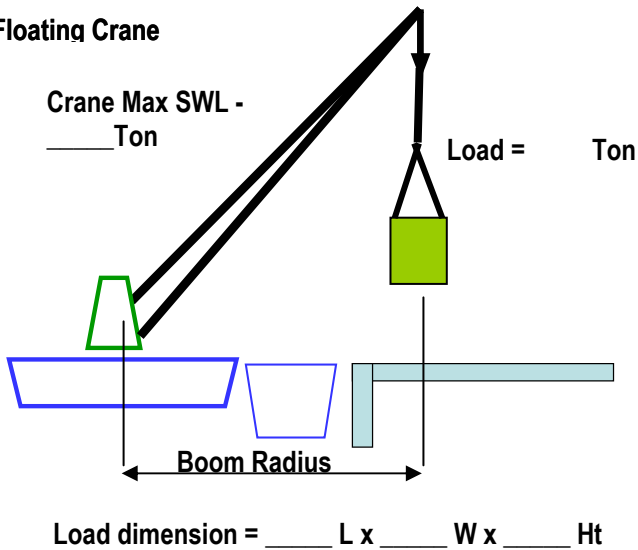
### Crane Operation with Vessel Crane



Crane 1 SWL at Boom Radius 1 - \_\_\_\_ Ton

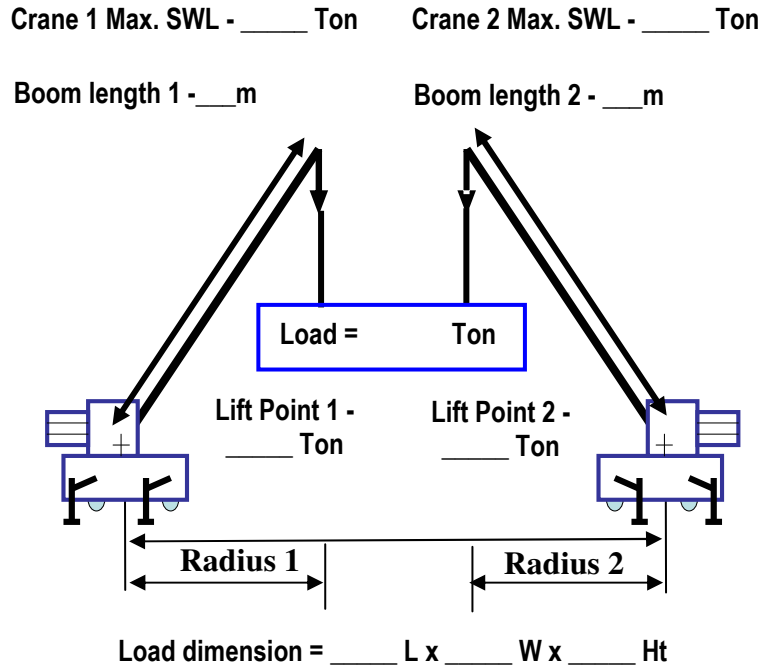
Crane 2 SWL at Boom Radius 2 - \_\_\_\_ Ton

### Floating Crane



Crane SWL at Boom Radius - \_\_\_\_ Ton

### Crane Operation with Mobile Crane



Crane 1 SWL at this Boom Length & Radius - \_\_\_\_ Ton

Crane 2 SWL at this Boom Length & Radius - \_\_\_\_ Ton

Safety Factor 1 - \_\_\_\_ (Crane 1 SWL) / \_\_\_\_ (Lifting Pt 1)

= \_\_\_\_

Safety Factor 2 - \_\_\_\_ (Crane 2 SWL) / \_\_\_\_ (Lifting Pt 2)

= \_\_\_\_

I, Appointed Lifting Supervisor, declare that all the above Safety Factor(s) :

Please Tick (✓) in the box:

Are within the Safety Factor Limit of  $\geq 1.25$  (Mobile Crane)

Has/have exceeded the limit (NOT ALLOWED TO START LIFT OPERATION)

(Consider the crane position / boom height & cross over, indicate the required dimension and crane safe lifting capacity. Make reference to crane load & radius chart. Use separate attachment / layout for different set up arrangement)