



Crane Lift Plan & Notification Requirements

1. A Crane Lift Notification Form must be submitted prior to any crane being brought onto the lands of Mashantucket.
2. In addition, pre-authorization is required prior to conducting any Critical Lifts.

A Critical Lift is any lift:

1. exceeding 75% of the cranes stability/structural capacity chart,
2. requiring movement of a crane carriage with the load, personnel platforms, sensitive loads (long lead time, cost),
3. loads requiring two (or more) hooks,
4. work over occupied facilities, or
5. work involving encroachment on public rights of way.

Additionally, a critical lift may require review by a professional engineer (at contractors expense), and a JHA (submitted with the crane lift plan).

3. Crane Lift Notifications must be submitted at least 48 hours prior to mobilization – 5 days for critical lifts.
4. Crane Lift Notifications must be based on “worst case” combination of load weight with chart deductions and lift radius for a specific crane configuration in a specific location.
5. The Crane Lift Notification may be valid for more than one day, as long as the configuration, location, maximum expected load, and maximum expected radius does not change. Use multiple lift plans for multiple locations.
6. The Crane Lift Notification Form must be COMPLETE with signatures and attachments.
7. All rigging devices MUST bear the name of the manufacturer and be certified as to their capacity. Custom-fabricated devices (lifting beams, spreader bars, etc) may be acceptable with proper PE stamp or proof testing as required by applicable standards. Capacities shall be marked and legible on all such devices.
8. Changes affecting crane configuration and/or location may require the Crane Lift Notification to be amended.
9. The crane contractor is responsible to visit the site prior to the lift date to review documentary information pertaining to the site. The crane contractor is responsible (determining adequacy, supplying and installing) for all supporting material (as defined within 29 CFR 1926.1402) necessary for the crane lift.
10. The crane contractor is responsible to obtain all information that is necessary to develop a power line safety plan.
11. The crane contractor is responsible to train all personnel involved in the assembly/disassembly and or Crane Lift.
12. The Subcontractor shall comply with the Site Specific Safety & Loss Control Program.
13. The Subcontractor/Crane Company/Rigging Company is responsible for the accuracy of plan and inspections. This notification process has been established to help ensure proper coordination between subcontractors and MPTN.

Form Attachments (please check all applicable attachments provided with form).

Copies of license, certification or designation forms for:

- A/D Director
- Operator
- Rigger
- Signal Person
- Load Chart (complete with notes)
- Range Chart
- Dimension Illustration and Specifications for Crane
- Lightning and Wind Restrictions (from operators manual)
- Area (Quadrant) of Operation Diagram
- JHA for Assembly / Disassembly of Crane, Severe Weather, Truck Load / Unload, Etc.
- JHA for Power Line Encroachment
- 3rd Party Inspection Certification and Report – (see Crane Lift Plan for requirements)
- Weights of Materials
- Rigging Plan
- Logistics Plan

No warranty or certification of the suitability of this Notification is accepted by MPTN. It is the responsibility of the Subcontractor and the Crane Operator to ensure that they and their employees are qualified, competent, properly equipped and properly trained to perform the activities outlined in this plan.



MPTN Crane Notification Form

CraneForm.: 31MAR15

Project Information

Project Name:	Project Location:
Date of Mobilization:	Date of 1 st Lift: Date for Demob.:

Contractor Information

Company Name:	Company Phone:
Site Contact:	Cell: Email:

Crane Company

Company Name:	Company Phone:
Site Contact:	Cell: Email:
Operator:	Cell: Email:
A/D Director: <small>(Assembly/Disassembly)</small>	Cell: Email:

Rigging Company

Company Name:	Company Phone:
Site Contact:	Cell: Email:
Rigger:	Cell: Email:
Signal Person:	Cell: Email:

(Note: A Competent / Qualified Person Designation Form must be submitted for each A/D Director, Operator, Rigger, or Signal Person)

Crane Information

Make:	Model:	S/N:
Date of Manufacture:	Size (Capacity in Tons):	
Type:	Hydraulic Friction Lattice Truck Rough Terrain Crawler	
Length of Boom:	Jib Used? Yes No Length:	Offset:
Load Line # of Parts:	Line Pull:	lbs. Block Capacity:

3rd Party Certification

Has Crane been idle for > 3 months?	Yes (Attach New Inspection Report)	No (Attach Copy of Annual Report)
Will Crane Require Assembly On-site?	Yes No	<i>If yes, Provide Manufacturers Assembly/ Disassembly Instructions & JHA Outlining How the Activity will be Performed.</i>

*Note: A new annual 3rd party inspection certification and report must be provided post on-site A/D
Exception: hydraulic crane with stowed jib that was included in the current annual 3rd party inspection.*

Work Zone

Max. Working Radius of Boom (ft):	Max. Pick Radius [with ½ length of longest load] (ft):	
Max. Vertical Boom Elevation (ft):	FAA Permit No. [If required]:	
<i>Provide a Copy of Crane Dimensions and Area (Quadrant) of Operation Diagram Identify: subgrade material, adjacent structures, roads/walkways, egress components, and utilities</i>		
Are there any overhead hazards?	Powerlines with 15' of Pick Radius	Other (identify):
Will any roadway be impacted (either full or partial obstruction)?	Yes No	<i>If Yes provide traffic control plan</i>
Will the load or any part of the crane be over any active or operating equipment, piping, tanks, etc.?	Yes	No
What is the max. imposed operating ground pressure of Crane and Load (PSI w/ Cribbing)?		
How will Outriggers be Configured?	Fully Extended	Intermediate & Pinned Fully Retracted

Will outriggers be located over underground utilities?
If so, please explain protective measures to be taken:



MPTN Crane Notification Form

CraneForm.: 31MAR15

Lift Summary

Max. Radius of Boom:	Min. Boom Angle:	Dim. of Max. Load:
Gross Deductions:	Chart Capacity:	% of Capacity : [gross load/chart capacity]

Load Characteristics

Does lift plan cover multiple picks? Yes No No. of Picks:

Description of load(s):

Max. Load Characteristics:
[Heaviest (mass) & Largest (volume)]

Location of load Center of Gravity:
[How will it be determined]

If any load will be unbalanced?
Explain how it will be leveled during pick:

What is the max. safe wind speed allowed for picks planned?

Will any load be upended? Yes No If yes, provide stability evaluation from manufacturer or professional engineer

Rigging Information

List rigging components: [be specific: manufacturer, number of pieces, description, size, length, capacity and component weight]
(NOTE: Job built equipment must be engineered and proof tested).

Minimum Capacity Component:
[describe & list capacity]

Provide a diagram for each rigging configuration

Itemization of Crane Chart Capacity Deductions

Heaviest Load:	Rigging:	Jib:	Jib Hook:	Hook Block:
Load Line:	Safety Factor:	Other:	Gross Deduction:	

Clearances

What is the horizontal distance from the crane center pin to the nearest structure?
 What is the minimum clearance from boom to highest point of structure during a pick?
 What is the minimum clearance from load to highest point of structure during a pick?
 What is the minimum distance from boom to load during a pick?
 Describe signaling procedures – who will be responsible for signaling? Will hand or radio signals be used?

Provide a to-scale plot plan showing crane location, adjacent buildings, pipe racks, and other significant obstructions within load swing radius. Indicate direction and span of swing.



MPTN Crane Notification Form

CraneForm.: 31MAR15

Critical Lift Assessment

Will the gross load of any lift exceed 75% of the rated crane capacity at max. radius?	Yes	No
Will any pick be made over an occupied portion of a building of Facility?	Yes	No
Does the crane setup or load staging encroach on a public way?	Yes	No
Will any pick item over 5 tons be up ended (horizontal/vertical)?	Yes	No
Will any pick require more than one crane?	Yes	No
Will any pick load require two or more hooks?	Yes	No
Will crane need to "walk" with load?	Yes	No
Will any pick lift/carry personnel?	Yes	No

If you answer yes to any of the questions above MPTN considers this a critical lift and pre-authorization is required prior to mobilization. Further, a critical lift plan is required and must be signed by a licensed professional engineer unless otherwise waived by all individuals required to sign this form.

Plan with PE stamp attached

PE stamp not required (waived)

Attachment Checklist

Plot Plan w/Crane Location (w/swing path, delivery truck location, location of overhead power lines, etc.)	Statement of Qualification and Competent Person Designation form for the crane operator to operate crane identified above.	Statement of Qualification and Competent Person Designation form for A/D supervisor, rigger and signal person.	3rd Party Annual Inspection Report (Note: cranes erected on-site will require 3rd party inspection as erected)	OSHA 10 Hour (Note: in accordance with project requirements)
Elevation Plan (utilize crane range diagram for example)	Crane Charts (including any applicable Notes)	State of CT Fire Marshal Registration	Operator's USDOT Medical Certificate	Operator's License (copy)
A/D Plan	Job Hazard Analysis	Load Calculations	Rigging Lists	Rigging Diagram

Crane Cab Checklist

Hand Signal Chart	Fire Extinguisher	Complete Load Capacity Charts with Notes	3rd Party Annual Inspection Report	Completed Daily Inspection Sheet
Operators Manual	State Crane License/Registration	Crane Lift Plan	All other required paperwork, equipment	

Signatures of Responsible Person

Subcontractor, Rigger and Crane Operator are Responsible for the Accuracy of all Calculations and Inspections. Any review conducted by MPTN is internal logistics planning ONLY.

Crane Company

Responsible Person: _____ Signature: _____ Date: _____

Rigging Company

Responsible Person: _____ Signature: _____ Date: _____

Project Manager (Proof of Notification)

Project Manager: _____ Signature: _____ Date: _____

By signing as Project Manager above I certify that the individuals check below have received this form. Live initials required for Project Involving Critical Lifts. Initials indicate ONLY acceptance of this form with no exception taken.

Fire Marshal _____ MPTN Risk Manager _____ MPTN Planning & P.W. _____

For activities occurring within Foxwoods Resort

Foxwoods Engineering _____ Foxwoods Security _____ Foxwoods Transportation _____
(only if impacting Resort Road)

For activities with Utilities occurring within workzone (above or underground)

MPTN Utilities _____