



CRANE PRE-MOBILIZATION SITE ASSESSMENT

Today's Date: _____ Project Name: _____

POWER LINES

	Yes	No
1. Are there overhead power lines anywhere on the site?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are the power lines energized?	<input type="checkbox"/>	<input type="checkbox"/>
3. What is the voltage of the power lines?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has Controlling Contractor ("CC") been notified in writing to have lines de-energized, relocated or guarded?	<input type="checkbox"/>	<input type="checkbox"/>
5. When did this notification take place?	_____	
6. Who made the notification?	_____	
7. What is the closest any part of the crane will be to these lines?	_____	
8. If overhead lines have been relocated underground, does CCSI have as-built drawings showing new locations and depths?	<input type="checkbox"/>	<input type="checkbox"/>
9. For any deficiencies listed above, describe what action is to be taken, by whom and when.	<div style="border: 1px solid black; height: 50px; width: 100%;"></div>	

GROUND CONDITIONS

	Yes	No
1. Will ground conditions fail after heavy rain?	<input type="checkbox"/>	<input type="checkbox"/>
2. Will blocking or matting be required on dry soil?	<input type="checkbox"/>	<input type="checkbox"/>
3. Can crane pads be set level per crane specifications and/or OSHA requirements (within 1%)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has CC been notified in writing that crane pads must be level prior to CCSI's mobilization?	<input type="checkbox"/>	<input type="checkbox"/>
5. When did this notification take place?	_____	
6. Who made the notification?	_____	
7. For any deficiencies listed above, describe what action to be taken, by whom and when.	<div style="border: 1px solid black; height: 50px; width: 100%;"></div>	

OTHER SITE CONDITIONS

	Yes	No
1. Is there adequate ingress/egress for delivery trucks?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is there sufficient space for materials storage?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the lay-down area level, firm and well-drained?	<input type="checkbox"/>	<input type="checkbox"/>
4. Will crane be safety located away from basement walls/excavations? <i>(A ratio of 1.5' away from top of excavation for every 1' of depth is a mandated minimum .)</i>	<input type="checkbox"/>	<input type="checkbox"/>

OTHER SITE CONDITIONS (continued)

	Yes	No
5. Is the site in an area susceptible to high winds?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are there any critical lifts foreseen for this project/site?	<input type="checkbox"/>	<input type="checkbox"/>
7. Describe any other site observations that should be considered.		

CRANE LOAD TESTING

	Yes	No
1. Has a site-specific crane location been completed?	<input type="checkbox"/>	<input type="checkbox"/>
2. What is the maximum distance calculated in feet for crane to reach?	<input type="checkbox"/>	<input type="checkbox"/>
3. What is the maximum weight of the piece to be set at that distance?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have the calculations been performed from the crane chart to establish the capacity for the weight and distance as shown above for each set-up?	<input type="checkbox"/>	<input type="checkbox"/>
5. Has it been established by the above criteria that the lift will not exceed the 75% rating of the crane chart?	<input type="checkbox"/>	<input type="checkbox"/>
6. Has a test lift of the maximum weight at the maximum distance been accomplished by lifting the load and holding in place off the ground for a minimum of 5 minutes?	<input type="checkbox"/>	<input type="checkbox"/>
7. Describe any other tests or calculations should be performed.		

LOAD TEST DATA

Hoisting From	Boom/Jib Length	Load Radius	Boom Angle	Parts of Line	Rated Capacity	Test Weight	% of Rated Capacity
Boom							
Jib							

Results of Load Test: ___Passed ___Failed ___N/A

Explanation of Results:

Survey Prepared By: Signature: _____ Date: _____
 Print Name: _____
 Title: _____

Survey Approved By: Signature: _____ Date: _____
 Print Name: _____
 Title: _____