**Marathon Galveston Bay Refinery Lift Assessment (Multi-lifts, Tailing & HF)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Lift Plan Initiated By:** | | | |  | | | | | | | | | | | | | | |
| **Job Name:** | |  | | | | | | | | | | | **Lift Date:** | | |  | | |
| **Type of Lift Equipment:** | | | | |  | | | | | | | | | | | | | |
| **Crane Manufacturer:** | | |  | | | | | | | | **Crane Rating:** | | | |  | | | |
| **Instructions** | | | | | | | | | | | | | | | | | | |
| 1. **When using multiple cranes to make a single lift and either cranes capacity is between 50-75%, then Page 1 of this form shall be completed with the signatures from Certified Operator, Qualified Operator, HEOS/Project Sup, and Qualified Signal Person (Page 1).** 2. **If the load travels over any HF containing equipment, then complete the HF Consequence Analysis Questions and obtain the signature of the HF Alky Supervisor (Page 2).** | | | | | | | | | | | | | | | | | | |
| **1.** | **Crane Operating Radius** | | | | | | | | |  | | | | | | | **ft.** | |
| **2.** | **Crane Boom Length** | | | | | | | | |  | | | | | | | **ft.** | |
| **3.** | **Crane Boom Angle** | | | | | | | | |  | | | | | | | **°** | |
| **4.** | **Crane Rated Capacity (From Load Charts)** | | | | | | | | |  | | | | | | | **lbs.** | |
| **5.** | **Crane Lifting Accessories Deductions (i.e. jib, fly, blocks, etc.)** | | | | | | | | |  | | | | | | | **lbs.** | |
| **6.** | **Equipment Weight** | | | | | | | | |  | | | | | | | **lbs.** | |
| **7.** | **Rigging Weight** | | | | | | | | |  | | | | | | | **lbs.** | |
| **8.** | **Total Weight on Crane (Line 6 + Line 7) + Line 5** | | | | | | | | |  | | | | | | | **lbs.** | |
| **9.** | **Percent of Crane Capacity (Line 8 ÷ Line 4 x 100 =)** | | | | | | | | |  | | | | | | | **%** | |
| **10.** | **Slings** | | | | | | | |  | | | | | | | |  | |
|  | **Configuration** | | | | | **Capacity** | |  | **Applied Load** | | |  | | **% Used Capacity** | | | | |
| **a)** |  | | | | |  | | **lbs.** |  | | | **lbs.** | |  | | | | **%** |
| **b)** |  | | | | |  | | **lbs.** |  | | | **lbs.** | |  | | | | **%** |
| **11.** | **Shackles** | | | | |  | |  |  | | |  | |  | | | |  |
|  | **Configuration** | | | | | **Capacity** | |  | **Applied Load** | | |  | | **% Used Capacity** | | | | |
| **a)** |  | | | | |  | | **lbs.** |  | | | **lbs.** | |  | | | | **%** |
| **12.** | **Miscellaneous Lifting Devices** | | | | | |  |  |  | | |  | |  | | | |  |
|  | **Configuration** | | | | | **Capacity** | |  | **Applied Load** | | |  | | **% Used Capacity** | | | | |
| **a)** |  | | | | |  | | **lbs.** |  | | | **lbs.** | |  | | | | **%** |

**Lift Assessment Meeting**: By signing this form, the following individuals are indicating they have actively participated in the pre-lift safety meeting for the lift in question and fully understand the scope of the lift to be made and their assigned roles and responsibilities.

|  |  |
| --- | --- |
| Certified Operator: | *Print Signature Date* |
| Qualified Rigger: | *Print Signature Date* |
| HEOS / Project Sup.: | *Print Signature Date* |
| Qualified Signalman: | *Print Signature Date* |

|  |  |  |
| --- | --- | --- |
| **HF Consequence Analysis Questions** | | **Yes/No (all responses must be Yes to proceed with the lift)** |
| 1. Has the process line under the load been identified as containing HF? | |  |
| 1. Has the current wind direction and evacuation muster point been identified? | |  |
| 1. Have the deluge system and the curtains been verified as operational? | |  |
| 1. Have the fire monitors been positioned in the direction of the lift? | |  |
| 1. Has operations personnel been placed on standby during the lift? | |  |
| 1. Have the cameras been positioned in the direction of the lift? | |  |
| 1. Has SOC and the Emergency Response Team been notified of the lift? | |  |
| 1. Have the isolation points been identified and Rapid Acid Dump (RAD) been verified as operational? | |  |
| 1. Does the team performing the lift have radio communication with the Board Operator? | |  |
| HF Alky Supervisor: | *Print Signature Date* | |