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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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. **CAUTION: Lifting material over piping and equipment that contain HF should be avoided. When lifting material over piping and equipment that contain HF cannot be avoided, the HF Risk Analysis/Mitigation Questions in Attachment A (Critical Lift Pre-lift Checklist) and Attachment B (Critical Lift Plan) shall be completed.** | | | | | | | | | | | | | | | | | | |
| **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* |