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

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| **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?
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| 1. Has the current wind direction and evacuation muster point been identified?
 |  |
| 1. Have the deluge system and the curtains been verified as operational?
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| 1. Have the fire monitors been positioned in the direction of the lift?
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| 1. Has operations personnel been placed on standby during the lift?
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| 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?
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| HF Alky Supervisor:  | *Print Signature Date* |