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|  | Questions are followed by answer fields. Use the ‘Tab’ key to navigate through. Replace Y/N or Yes/No fields with your answer. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Simple/basic lift plan technical detail | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| This is a controlled document; please ensure you complete the information requested. Do not attempt to alter formatting, amend text or headings in any section of the document.  Guidance on Completing the Lift Plan:   1. Complete all boxes in every section of the lift plan. Where information requested does not apply to the lift being planned, state N/A (Not Applicable). 2. Ensure FRANCES BAY MARINE FACILITIES: CRANE OPERATIONS AND LIFTING PROCEDURE has been read and followed. 3. When completing the plan, if in doubt, seek further guidance from the Lifting Focal Point and / or Lifting Technical Authority.   Note: Incorrect or incomplete information will result in the plan being rejected and delays in the authorisation and endorsement process. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lift plan details | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vessel/company name | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Crane vendor | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Description of the lifting operation: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Wharf name | | | | | | | |  | | | | | | | | | Date of lift | | | | | | | | | |  | | | | | |
| **Location on wharf** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Risk Assessment - attached for review | | | | | | | | | | | | Yes / No | | | | | Photos / Drawing / Sketch attached | | | | | | | | | | | | | | | Yes / No |
| **Category of lift:** | | | |  | | | | | | | | | | | | | Will this plan cover multiple lifts | | | | | | | | | | | | | | | Yes / No |
| **Lift plan author (crane operator)** | | | | | | | | | | | | | | | | | **Authorisation: Company / Vessel requiring lift** | | | | | | | | | | | | | | | |
| Competent person details | | | | | | | | | | | | | | | | | Lifting focal point details | | | | | | | | | | | | | | | |
| Name: | | | | |  | | | | | | | | | | | | Name: | | | | | | | |  | | | | | | | |
| Signature: | | | | |  | | | | | | | | | | | | Signature: | | | | | | | |  | | | | | | | |
| Date: | | | | |  | | | | | | | | | | | | Date: | | | | | | | |  | | | | | | | |
| To be completed by a ‘competent person’ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Description of load**  If multiple lifts, use data from weight of load creating highest % of capacity (ie: worst-case load) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Load weight: [e.g. kg] | | | | | |  | | | | | | | | | | | | Load dimensions: L x W x H | | | | | | | |  | | | | | | |
| Rigging weight:] | | | | | | HB = | | | | kg | | | | | | | | Number of rigging / lift points on the load: | | | | | | | |  | | | | | | |
| RS = | | | | kg | | | | | | | |
| FJ = | | | | kg | | | | | | | |
| RW = | | | | kg | | | | | | | |
| Total Weight to be Lifted: | | | | | | kg | | | | | | | | | | | | Offset centre of gravity | | | | | | | | Yes / No | | | | | | |
|  | | | | | |  | | | | | | | | | | | |  | | | | | | | |  | | | | | | |
| Weights and dimensions of additional lifts | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Load weight | | | | | | kg | | | | | | | | | | | | Load dimensions (L x W x H) | | | | | | | | | | |  | | | |
| Load weight | | | | | | kg | | | | | | | | | | | | Load dimensions (L x W x H) | | | | | | | | | | |  | | | |
| Load weight | | | | | | kg | | | | | | | | | | | | Load dimensions (L x W x H) | | | | | | | | | | |  | | | |
| Load weight | | | | | | kg | | | | | | | | | | | | Load dimensions (L x W x H) | | | | | | | | | | |  | | | |
| Crane – mobile, portal, crawler, truck-mounted, HIAB, etc | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Crane manufacturer (e.g. model, capacity. etc.) | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| Identification number (certificate, registration etc.) | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| Maximum required operating radius | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| Crane capacity @ maximum operating radius | | | | | | | | | | | | | | | | | | | | | **kg** | | | | | | | | | | | |
| Hook block weight | | | | | | | | | | | | | | | | | | | | | **kg** | | | | | | | | | | | |
| Stowed fly-jib weight @ maximum required radius | | | | | | | | | | | | | | | | | | | | | **kg** | | | | | | | | | | | |
| Boom tip sheave (rooster sheave) weight | | | | | | | | | | | | | | | | | | | | | **kg** | | | | | | | | | | | |
| Capacity / Radius charts attached (if applicable): | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No / NA | | | | |
| Crane percentage utilization: (TW ÷ Crane capacity at maximum radius) x 100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | **%** | | | | |
| Ground condition | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gross weight being applied? | | | | | |  | | | | | | | | | | | | Underground services / voids identified: | | | | | | | | Yes / N/A | | | | | | |
| Load spreading:  actual size of load mats to be used: (e.g. 2.5m x 2.5m etc.) | | | | | | No of mats | | | | Mats area | | | | | Total area | | | Any environmental effect, e.g. waterlog (high water table): | | | | | | | |  | | | | | | |
|  | | | | m2 | | | | | m2 | | |
| Applied bearing pressure | | | | | | kg/m2 | | | | | | | | | | | | Allowable ground bearing pressure: | | | | | | | | kg/m2 | | | | | | |
| Communication method | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hand signals: | |  | | | | | | | Radio | |  | | | | | | | | | Verbal | | |  | | | **Combination** | | | | | |  |
| Notes: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Manpower requirements (Number of personnel required to conduct the lifting operation) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Supervisor (crane vendor) | | |  | | | | Crane operator(s) | | | | | |  | | | Dogman | | | | | |  | | Rigger(s)/Tagline holders(s) | | | | | |  | | |
| Additional personnel required? (vendors, laborer/helper etc.) | | | | | | | | | | | | | | | | | | | | | | Yes / No | | Total numbers | | | | | |  | | |
| Drawings, sketches, technical drawing | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **On site check list before lifting** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pickup, route to be travelled, laydown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Load pickup location? | | | | | | |  | | | | | | | | | | | | Load laydown location? | | | | | | | |  | | | | | |
| Load path identified as clear of obstructions? | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | | | | |
| If no, list all obstructions in the load path: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Will the load be travelled over or in close proximity of live plant, pipework or machinery? | | | | | | | | | | | | | | Yes / No | | | | | If “Yes” has this been addressed in the Risk Assessment? | | | | | | | | | | | | Yes / N/A | |
| Has a “contingency plan” been generated and / or communicated? | | | | | | | | | | | | Yes / N/A | |
| Has laydown location been clarified as suitable to accept a load of this size and shape? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | |
| Has the capacity of the laydown location been assessed as suitable to accept a load of this weight? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | |
| Is there a DLPE approved Traffic Management Plan for this activity? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | |
| **Simultaneous operations** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Have simultaneous operations been identified adjacent to lift area? | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No / N/A | | | | | |
| How have these been communicated / controlled? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Have simultaneous operations been identified adjacent to lift area? | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No / N/A | | | | | |
| How have these been communicated / controlled? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **On site checks before lifting (to be completed by crane vendor or competent person)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do all personnel involved in the lift hold the relevant high risk licence? | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | | | | |
| Have all required toolbox conversation(s) been completed for this task? | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | | | | |
| Have the crane daily checklist been completed? (if applicable): | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No / N/A | | | | | |
| Have pre-use inspections of all lifting equipment been conducted? | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | | | | |
| Have you rigged the task as per this plan’s sketch and materials list? | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | | | | |
| Has the load been checked for loose or dropped objects and is free to be lifted? (e.g. sea fastening released, hold down bolts / lashings removed, not jammed etc.) | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | | | | |
| Is the wind speed at or below the site and / or equipment requirement? | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | | | | |
| Will the task you are about to conduct be affected by simultaneous operations? | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | | | | |
| Working at height, PPE, rescue plan in place: | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | | | | |
| If tag lines are required, are all team members aware or their correct use? | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | | | | |
| Collection notice The Northern Territory Government respects and is committed to safeguarding the confidentiality and privacy of the information that it collects and handles, in accordance with the Northern Territory Information Act 2002.  You have been asked to provide personal information necessary for us to meet your application  requirements. You do not have to provide your personal information but if you choose not to, this application will be incomplete, and we will be unable to process it.  The information you provide will be accessible to the Department of Lands, Planning and Environment and will only be used to provide a department service or program. We will not disclose your personal information to third parties unless, authorised or required by law to do so you have given us consent to share your personal information for a specific purpose.  You may request access to the personal information we hold about you. If you want more information about the Northern Territory’s privacy laws, please refer to the Northern Territory Information Act 2002, or the Office of the Information Commissioner NT. How to submit Email your completed form to [fbmb.dlpe@nt.gov.au](mailto:fbmb.dlpe@nt.gov.au) or deliver in person to our administration office at:  28 Frances Bay Drive  Darwin NT 0800  (Adjacent Fisherman’s Wharf) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |