

UTILITY NOTE

EXISTING UTILITIES SHOWN ARE APPROXIMATE ONLY AND BASED ON FIELD SURVEYS, AVAILABLE RECORDS, VERBAL INFORMATION AND/OR PHYSICAL FEATURES. PRIOR TO EXCAVATION (AT LEAST 72 HOURS OR THE MORE RESTRICTIVE MINIMUM NOTIFICATION PERIOD), THE CONTRACTOR SHALL CONTACT THE PUBLIC WORKS DIVISION, FEAD AND STATION LOCATING SERVICE SUCH AS "PA ONE CALL" TO ALLOW MARKING OF EXISTING BURIED UTILITIES.

ALL EXISTING UNDERGROUND UTILITIES IN THE WORK AREA MUST BE POSITIVELY IDENTIFIED BY A THIRD PARTY, INDEPENDENT, PRIVATE UTILITY LOCATING COMPANY, IN ADDITION TO ANY STATION LOCATING SERVICE SUCH AS "PA ONE CALL", AND COORDINATED WITH THE PUBLIC WORKS DIVISION, AND FEAD. ANY MARKINGS MADE DURING THE UTILITY INVESTIGATION MUST BE MAINTAINED THROUGHOUT THE CONTRACT.

WHENEVER CONTRACT WORK INVOLVES CHIPPING, SAW CUTTING, OR CORE DRILLING THROUGH CONCRETE, BITUMINOUS ASPHALT OR OTHER IMPERVIOUS SURFACES, THE THIRD PARTY, INDEPENDENT, PRIVATE LOCATING COMPANY SHALL LOCATE UTILITY DEPTH BY USE OF GROUND PENETRATING RADAR (GPR), X-RAY, BORE SCOPE, OR ULTRASOUND PRIOR TO THE START OF DEMOLITION AND CONSTRUCTION. OUTAGES TO ISOLATE UTILITY SYSTEMS MUST BE USED IN CIRCUMSTANCES WHERE UTILITIES ARE UNABLE TO BE POSITIVELY IDENTIFIED. THE USE OF HISTORICAL DRAWINGS DOES NOT ALLEVIATE THE CONTRACTOR FROM MEETING THIS REQUIREMENT.

THE CONTRACTOR SHALL TAKE THE NECESSARY PRECAUTIONS TO PROTECT THE EXISTING UTILITIES AND ANY DAMAGE TO THE UTILITIES SHALL BE IMMEDIATELY REPAIRED AT THE CONTRACTORS EXPENSE. THE CONTRACTOR SHALL BE REQUIRED AND AGREES TO COMPLY WITH ALL THE PROVISIONS OF THE GOVERNMENT, STATE AND UTILITY FOR UNDERGROUND DAMAGE PREVENTION AND HEREBY AGREES TO HOLD THE GOVERNMENT HARMLESS AGAINST ANY LOSS, DAMAGES AND CLAIMS OF ANY NATURE WHATSOEVER ARISING OUT OF FAILURE TO COMPLY WITH SAID PROVISIONS.

'SAFETY FIRST'

IT SHALL BE THE CONTRACTOR'S PRIORITY TO PUT 'SAFETY FIRST' IN ALL CONSTRUCTION ACTIVITIES. SPECIFICATION SECTION 01 35 29 SAFETY AND OCCUPATIONAL HEALTH REQUIREMENTS INCORPORATES SAFETY AND HEALTH DOCUMENTS IN THIS CONTRACT. THE MOST STRINGENT REQUIREMENT SHALL APPLY IN ALL CASES INVOLVING DISCREPANCIES BETWEEN THESE DOCUMENTS. SPECIAL ATTENTION IS CALLED TO USACE SAFETY AND HEALTH REQUIREMENTS MANUAL EM 385-1-1 DATED 15 SEPTEMBER 2008; 'ACCIDENT PREVENTION PLAN' (APPENDIX A), 'ACTIVITY HAZARD ANALYSIS' (SECTION 1), 'SAFE ACCESS AND FALL PROTECTION' (SECTION 21) AND OTHER SECTIONS DEALING WITH FALL PROTECTION AND THESE CONSTRUCTION ACTIVITIES.

NRZ Checklist/POAM Items

The tables below provide typical NRZ checklist items for contractor, Client, and NAVFAC actions (Tables 1, 2, and 3, respectively). Items listed on the checklists are required to remain on the checklists if they are part of the project/contract or required by construction convention. Items not listed on the checklists, but required in the contract or by construction convention, must be added to the checklists by the contractor, Client and NAVFAC. Checklists are applicable to all contracts no matter what Category of Work.

The Point of Contact and due date shall initially be determined during the Facility Turnover Planning Meeting by the NAVFAC, client and contractor leads. During execution of the NRZ process, for each item on the entire list, the Construction Manager (CM) shall indicate date completed and initial to indicate completion of the item. If a party fails to complete an item by the due date, this should be noted on the checklist and new due date established and indicated. The completed NRZ Checklist/POAM shall be placed in the contract file.

Table 1

Contractor Checklist Items	Point of Contact	Due Date	Actual Complete Date	CM Initials	Notes
a. Construction Completion Schedule:					
Construction Schedule					
b. Facility Delivery Closeout:					
c. Other Contractor Items:					
Pre-Final Inspection					
Final Inspection and Acceptance					
Delivery of As-Built Drawings					
Beneficial Occupancy Date (BOD)					
Punch List Completion					

Table 2

Client Checklist Items	Point of Contact	Due Date	Actual Complete Date	CM Initials	Notes
Recycled/recovered materials report					

Table 3

NAVFAC Checklist Items	Point of Contact	Due Date	Actual Complete Date	CM Initials	Notes
Resolve contract modifications & requests for equitable adjustment					
Contractor final release					
Return unobligated funds					
Process final payment					
Process recycled/recovered materials report					
Contractor QC Evaluation					

U. S. Army Corps of Engineers Fort Worth District

CONTRACTOR ACCIDENT PREVENTION PLAN (APP) CHECKLIST (EM 385-1-1, Appendix - A, dated; 15 Sep 08)

Minimum Basic Outline for Accident Prevention Plan

The APP is the Contractor Safety and Health Program Document. The following Site Specific Areas will be addressed:

NOTE: 1. Contractor APP WILL be submitted in format below.

NOTE: 2. Contractor APP's ARE NOT APPROVED, only found as Acceptable or Non-Acceptable.

Reviewed by: _____

Review Status: ACCEPTED BY-DATE: _____ NOT ACCEPTED BY/DATE: _____

Contractor Name: _____

Contract No: _____

Project Title & Location:	Included ?			Page(s)
	Yes	No	N/A	
ALL CHECKLIST ITEMS WILL BE COMPLETED!				
1. SIGNATURE SHEET. Title, signature, and phone number of the following:				
a. <i>Plan Preparer</i> (Qualified, Competent person such as corporate safety staff person, QC).				
b. <i>Plan Approval</i> by company/corporate officers authorized to obligate the company (e.g. owner company president, regional vice president etc.)				
c. <i>Plan Concurrence</i> (e.g. Chief of Operations, Corporate Chief of Safety, Corporate Industrial Hygienist, project manager or superintendent, project safety professional, project QC) . (provide concurrence of other applicable corporate and project personnel (Contractor)				
2. BACKGROUND INFORMATION. List the following:				
a. Contractor;				
b. Contract number;				
c. Project name;				
d. Brief project description, description of work to be performed, and location map.				
e. Contractor accident experience (provide OSHA 300 Log, EMR, etc.)				
f. Listing of phases of work and hazardous activities requiring AHA's - Activity Hazards Analyses.				
3. STATEMENT OF SAFETY AND HEALTH POLICY. Provide a copy of current corporate/company Safety and Health Policy Statement, detailing commitment to providing a safe and healthful workplace for all employees. The Contractor's written safety program goals, objectives, and accident experience goals for this contract should be provided.				
4. RESPONSIBILITIES AND LINES OF AUTHORITIES.				
b. Identification and accountability of personnel responsible for safety at both corporate and project level. Contracts specifically requiring safety or industrial hygiene personnel shall include a copy of their resumes. <u>Qualifications shall include the OSHA 30-hour course or equivalent course areas as listed here:</u> (1) OSH Act/General Duty Clause; (2) 29 CFR 1904, Recordkeeping; (3) Subpart C: General Safety and Health Provisions, Competent Person; (4) Subpart D: Occupational Health and Environmental Controls, Citations and Safety Programs; (5) Subpart E: PPE, types and requirements for use; (6) Subpart F: understanding fire protection in the workplace; (7) Subpart K: Electrical; (8) Subpart M: Fall Protection; (9) Rigging, welding and cutting, scaffolding, excavations, concrete and masonry, demolition: health hazards in construction, materials handling, storage and disposal, hand and power tools, motor vehicles, mechanized equipment, marine operations, steel erection, stairways and ladders, confined spaces or any others that are applicable to the work being performed.				
c. The names of Competent and/or Qualified Person(s) and proof of competency/qualification to meet specific OSHA Competent/Qualified Person(s) requirements must be attached. The District SOHO will review the qualifications for acceptance;				
d. Requirements that no work shall be performed unless a designated competent person is present on the job site;				
e. Requirements for pre-task safety and health analysis;				
Lines of authority:				
g. Policies and procedures regarding noncompliance with safety requirements (to include disciplinary actions for violation of safety requirements) should be identified;				
h. Provide written company procedures for holding managers and supervisors accountable for safety.				
5. SUBCONTRACTORS AND SUPPLIERS. If applicable, provide procedures for coordinating SOH activities with other employers on the job site:				
a. Identification of subcontractors and suppliers (if known);				
c. Safety responsibilities of subcontractors and suppliers.				
6. TRAINING.				
a. Requirements for new hire SOH orientation training at the time of initial hire of each new employee.				
b. Requirements for mandatory training and certifications that are applicable to this project (e.g., explosive actuated tools, confined space entry, crane operator, diver, vehicle operator, HAZWOPER training and certification, PPE) and any requirements for periodic retraining/recertification.				
c. Procedures for periodic safety and health training for supervisors and employees.				

U. S. Army Corps of Engineers Fort Worth District

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Contractor Name: _____

Contract No: _____

Project Title & Location:	Included ?			Page(s)
	Yes	No	N/A	
d. Requirements for emergency response training. > See paragraph <u>9.b.</u> below for a list of requirements that may require emergency response training.				
7. SAFETY AND HEALTH INSPECTIONS. Provide details on:				
a. Specific assignment of responsibilities for a minimum daily job site safety and health inspection during periods of work activity: Who will conduct (e.g., SSHO, PM, safety professional, QC, supervisors, employees – depends on level of technical proficiency needed to perform said inspections), proof of inspector's training/qualifications, when inspections will be conducted, procedures for documentation, deficiency tracking system, and follow-up procedures;				
b. Any external inspections/certifications that may be required (e.g., Coast Guard).				
8. ACCIDENT REPORTING. The contractor shall identify who, how, and when the following will be completed:				
a. Exposure data (man-hours worked);				
b. Accident investigations, reports and logs; Report all accidents as soon as possible but not more than 24 hours afterwards to the Contracting Officer/Representative (CO/COR). The contractor shall thoroughly investigate the accident and submit the findings of the investigation along with appropriate corrective actions to the CO/COR in the prescribed format as soon as possible but no later than five (5) working days following the accident. Implement corrective actions as soon as reasonably possible;				
(1) A fatal injury;				
(2) A permanent total disability;				
(3) A permanent partial disability;				
(4) The hospitalization of three or more people resulting from a single occurrence;				
(5) Property damage of \$200,000 or more.				

Project Title & Location:	Yes	No	N/A	Page(s)
9. PLANS (PROGRAMS, PROCEDURES) REQUIRED BY THE SAFETY MANUAL (as applicable).				
Based on a risk assessment of contracted activities and on mandatory OSHA compliance programs, the Contractor shall address all applicable occupational risks and compliance plans. Using the EM 385-1-1 as a guide, plans may include but not be limited to:				
a. Layout plans (04.A.01);				
b. Emergency response plans:				
(1) Procedures & Test (01.E.01)				
(2) Spill Plans (01.E.01, 06.A.02)				
(3) Firefighting Plan (01.E.01, 19.A.04)				
(4) Posting of Emergency Telephone Numbers (01.E.05)				
(5) Man overboard/abandon ship (19.A.04)				
(6) Medical Support. Outline on-site medical support and off-site medical arrangements including rescue and medical duties for those employees who are to perform them, and the name(s) of on-site Contractor personnel trained in first aid and CPR. A minimum of two employees shall be certified in CPR and first-aid per shift/site (Section 03.A.02; 03.D);				
c. Plan for prevention of alcohol and drug abuse (01.C.02);				
d. Site Sanitation Plan (Section 02)				
e. Access and haul road plan (8.D.1)				
f. Respiratory Protection Plan (05.G)				
g. Health Hazard Control Program (06.A)				
h. Hazard Communication Program (06.B.01)				
i. Process Safety Management Plan (06.b.04);				
j. Lead Abatement Plan (06.B.05 & specifications)				
k. Asbestos Abatement Plan (06.B.05 & specifications)				
l. Radiation Safety Program (06.E.03.a);				

U. S. Army Corps of Engineers Fort Worth District

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Contractor Name: _____

Contract No: _____

Project Title & Location:	Included ?			Page(s)
	Yes	No	N/A	
m. Abrasive blasting (06.H.01);				
n. Heat/Cold Stress Monitoring Plan (06.I.02)				
o. Crystalline Silica Monitoring Plan (Assessment) (06.M) ;				
p. Night Operations Lighting Plan (16.C.19.d)				
q. Fire Prevention Plan (09.A);				
r. Wild Land Fire Management Plan (09.K);				
s. Hazardous energy control plan (12.A.01);				
t. Critical Lift Procedures (16.H)				
u. Contingency Plan for Severe Weather (19.A.03)				
v. Float Plan (19.F.04);				
w. Site-Specific Fall Protection & Prevention Plan (21.C);				
x. Demolition plan (to include engineering survey) (23.A.01);				
y. Excavation/trenching plan (25.A.01);				
z. Emergency rescue (tunneling) (26.A.);				
aa. Underground construction fire prevention and protection plan (26.D.01);				
bb. Compressed air plan (26.I.01);				
cc. Formwork and shoring erection and removal plans (27.C);				
dd. PreCast Concrete Plan (27.D);				
ee. Lift slab plans (27.E);				
ff. Steel erection plan (27.F.01);				
gg. Site Safety and Health Plan for HTRW work (28.B);				
hh. Blasting Safety Plan (29.A.01);				
ii. Diving plan (30.A.13);				
jj. Confined space Program (34.A);				
10. RISK MANAGEMENT PROCESSES. Detailed project-specific hazards and controls shall be provided by an Activity Hazard Analysis (01.A.13) for each major phase/activity of work.				



DEPARTMENT OF THE NAVY

NAVAL SUPPORT ACTIVITY

700 ROBBINS AVENUE 5450 CARLISLE PIKE - PO BOX 2020
PHILADELPHIA PA 19111-5098 MECHANICSBURG, PA 17055-0788

COM & FTS (717) 605-7081
DSN & EXT 430-7081
FAX # (717) 605-7090
IN REPLY REFER TO
ALMECHINST 11450.1D

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ALMECH INSTRUCTION 11450.1D

From: Commanding Officer

Subj: **WEIGHT HANDLING EQUIPMENT AND ELEVATED CRANE TRACKAGE
PROGRAM MANAGEMENT**

Ref: (a) NAVFAC P-307
(b) NAVCRANECENINST 11200.33
(c) NAVFACINST 11230.1 SERIES
(d) OPNAVINST 5100.23 SERIES
(e) USACE EM385-1-1
(f) SECNAVINST 11260.2 SERIES
(g) CNRMA 11262.1

Encl: (1) COMNAVREG MIDLANT INSTRUCTION 11262.1

1. **Purpose.** In accordance with reference (a) through (g) policies, this instruction delineates local policy, defines responsibilities, and provides procedures for the management of Weight Handling Equipment (WHE) and Elevated Crane Trackage (ECT) on the Naval Support Activity (NSA) Mechanicsburg compound. This instruction pertains to all on-base WHE and ECT (see section 1 of reference (a)) to include all contractor and tenant WHE as defined in references (a), (c), and (f).

2. **Cancellation.** ALMECHINST 11450.1C

3. **Background**

a. This instruction does not supersede or modify the referenced instructions, nor does it replace federal, state, or local regulations that pertain to WHE and ECT. As directed by references (a) through (g), this instruction complements a combination of Naval and Department of Defense instructions, Federal and Pennsylvania State requirements regulating the use of WHE and ECT systems which are intended to provide safe and reliable equipment.

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b. In accordance with references (a) and (c), NAVFAC Mid-Atlantic local Public Works Department representatives are designated in writing by the Navy Mid-Atlantic Region Commanding Officer and by each applicable (activities utilizing weight handling equipment) tenant activity's Commanding Officer, as the Facility WHE and ECT Certifying Officer(s). The Certifying Officer ensures compliance with references (a) through (g) and the safety of all on-base WHE and ECT.

4. **General Information.** The instructions listed below form the **minimum** requirements necessary for the administration of NSA WHE and ECT Management Programs.

a. **NAVFAC P-307 - Management of Weight Handling Equipment.** Provides requirements for the maintenance, inspection, test, certification, repair, alteration, operation, and/or use of WHE, crane rigging gear, and miscellaneous lifting equipment under the technical cognizance of the Naval Facilities Engineering Command (NAVFAC). Activities covered include Navy shore activities, the Naval Construction Force (NCF), Naval Special Operating Units (SOU), and the Naval Construction Training Center (NCTC). These criteria represent minimum requirements for all applicable equipment. This publication meets or exceeds all applicable OSHA requirements for maintenance, inspection, testing, certification, repair, alteration, and operation of navy owned equipment covered therein. Additionally, this publication covers requirements for non-Navy owned cranes at Naval activities.

b. **NAVCANECENINST 11200.33 SERIES - Procedures for Conducting Weight Handling Equipment Audits, Validations, and Third Party Certifications.** Establishes requirements and auditing procedures for compliance and evaluation of the effectiveness of WHE programs at Naval shore activities. It also provides validation of activity certifications of WHE designated for Special Purpose Service (SPS) and third party certifications of WHE.

c. **NAVFACINST 11230.1 SERIES - Inspection, Certification, and Audit of Crane and Railroad Trackage.** Provides procedures for inspection, certification, maintenance, management and audit of crane and railroad trackage, with additional requirements and tests for special purpose and hazardous load carrying trackage as specified in other documents.

d. **OPNAVINST 5100.23 SERIES - Navy Occupational Safety & Health (NAVOSH) Program Manual.** Chapter 31 identifies Navy policies, minimum requirements, and applicable standards for the

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safe use of all types of WHE and rigging equipment at Navy shore activities and shore-based commands. Additionally, this instruction provides procedures for the investigation and reporting of Naval Safety Center reportable accidents.

e. **USACE EM385-1-1 - US Army Corps of Engineers - Safety & Health Requirements Manual**. Prescribes the safety and health requirements for all Corps of Engineers activities and operations. Implements safety and health standards and requirements contained in 29CFR1910, 29CFR1926, 29CFR1960, 30CFR56, Executive Order 12196, DODI 6055.1, (All DOD Construction Projects). Where more stringent safety and occupational health standards are set forth in these requirements and regulations, the more stringent standards shall apply.

f. **SECNAVINST 11260.2 SERIES - Navy Weight Handling Program for Shore Activities**. Assigns overall Navy-wide management responsibility for shore based WHE to COMNAVFACENGCOM and authorizes the establishment of a Navy Crane Center (NCC) of Expertise. The Director, NCC has direct access to the Chief of Naval Operations and the Assistant Secretary of the Navy (I&E) on matters involving the safe and reliable operation of Navy WHE.

g. **COMNAVREG MIDLANT INSTRUCTION 11262.1 - Commander Navy Region Mid-Atlantic (CNRMA) contractor crane policy**. Establishes a Regional Contractor Crane Oversight Plan in accordance with reference (a), to prevent the potential for damage to Government property and injury to Government personnel by contractors operating weight handling equipment on Commander, Navy Region, Mid-Atlantic (COMNAVREG MIDLANT) property. This Contractor Crane Oversight Plan is intended only to improve safety of personnel and property. It is not intended to, nor does it create any right or benefit or trust responsibility, substantive or procedural, enforceable against the U.S., its agencies, or instrumentalities, or its officers or employees.

5. **Naval Support Activity Policies**. In accordance with references (d) and (f), the following base wide policies reflect a COMNAVFACENGCOM requirement for systems commands, major claimants, and host activity commanding officers to develop and maintain WHE programs in accordance with the policies and directives issued by the Navy Crane Center. All NSA Mechanicsburg tenant activities shall incorporate these policies, as applicable, in their operating instructions.

a. **All Cranes and Related Handling Equipment**. All tenant activities, commands and organizations located on the NSA

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compound that have, lease, or procure the services of WHE (cranes), and/or related WHE (rigging gear, hoists, lifting devices, etc.) as described in reference (a), shall establish a written program or procure program services in accordance with this written instruction. Such equipment will be maintained in accordance with references (a) through (g) as applicable. These services are available from PA-PWD, Mechanicsburg site and from commercial sources. While non-Navy tenant activities, commands or organizations may choose not to certify their equipment in accordance with all the requirements as established under reference (a), they must certify, as a minimum, their equipment and operations in accordance with the following:

- Section 1.7 of reference (a)
- reference (e) requirements

and all regulations contained in the Code of Federal Regulations, Title 29, Subpart B, Chapter XVII, Part 1910, and applicable portions of Part 1926, including all U.S. Department of Labor Interpretations and applicable American National Standards.

All activities, commands and organizations shall notify the NSA Mechanicsburg Commanding Officer and Public Works Officer of their certifier, copies of all applicable certificates and reports, and their command's point-of-contact (WHE Program Manager's name, code, phone number).

b. **Contractor Operated Cranes.** In accordance with reference (g), all activities located on the NSA compound shall incorporate the Commander Navy Region Mid-Atlantic (CNRMA) contractor crane policy, "COMNAVREG MIDLANT INSTRUCTION 11262.1" in all contracts, statements of work and purchase orders where a contractor's crane may be entering the compound. This new CNRMA contractor crane policy is attached as Enclosure (1).

Crane types are identified in Appendix B of reference (a). Each tenant activity is responsible for the management, administration, and any additional costs for their contracts and, when applicable, shall incorporate in their contracts, all safety requirements as addressed in reference (g).

To comply with reference (g), all tenant activities shall utilize PWD-PA-BSVE, the designated crane program managers and surveillance team (CST) for contractor crane surveillance; phone (717) 605-6085 or (717) 605-4648.

1. **Procedure.**

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- a. Access to Naval Support Activity Property is controlled by the Naval Support Activity Security Department for the protection of all government property, individuals and commands, on board Naval Support Activity Mechanicsburg. Security requirements can be obtained from Building 26, 5455 Carlisle Pike, Mechanicsburg, PA 17050, Phone: (717)605-3305.
- b. The NAVFAC MIDLANT Crane Program Manager is responsible for the oversight of all contractor cranes on Naval Support Activity Mechanicsburg Property. The NAVFAC MIDLANT Crane Surveillance Team (CST) shall promulgate non-compliance of all references herein to DOD Contracting Officers (or project manager) and the Installation Commander.
- c. For contractor crane entry onto Naval Support Activity Mechanicsburg, contractors shall submit a Certificate of Compliance, page 11 of enclosure (1), a Contractor Crane Entry Package Checklist, pages 12-13 of enclosure (1), and the items listed within the checklist to the Contracting Officer (or project manager) for review and approval a minimum of five business days before bringing a crane onto Naval Support Activity Mechanicsburg Property. Contracting Officers (or project managers) will review the submitted documentation and forward the package to the CST for review. The CST must be provided a minimum of three business days for review of the entry package. Failure to submit the required documentation within the specified time may result in installation access delays. To submit a Certificate of Compliance and a Contractor Crane Entry Package Checklist for entry onto Naval Support Activity Mechanicsburg during normal work hours of 0700-1530, M-F, contact (717) 605-6085 or (717) 605-4648. For emergency access after normal work hours, for work that will impact the mission of the activity, contact the NAVFAC MIDLANT Assistant Public Works Officer at (717) 648-3300.
- d. Once all of the required documentation within the Crane Entry Package Checklist has been verified, Contracting Officers (or project managers) will coordinate the date and time of arrival of the contractor crane with the CST. CST personnel will perform a quality assurance review of the Contractor Crane and associated rigging gear for compliance with applicable OSHA regulations and reference (a) at the designated point of entry. References (e) and (g) shall be used as a guide to ensure compliance with applicable requirements. If the

crane and all required documentation are determined to be in compliance, the person conducting the review will issue a Crane Operating Permit, page 15 of enclosure (1). The issued permit will be valid for the duration determined by the CST or until the crane exits the installation.

- e. In emergent situations where it is not possible to submit the required documentation within the specified time, as determined by the Contracting Officer, Contractors shall notify the Contracting Officer's representative (or project manager), to coordinate arrival time with the CST, and present the following documentation to the CST at the Naval Support Activity Mechanicsburg Truck Inspection Station, Carlisle Pike Main Gate, or the designated entry point of non-gated areas. The CST will review the following documentation prior to the entry of a crane within gated areas of Naval Support Activity Mechanicsburg or upon arrival on non-gated Naval Support Activity Mechanicsburg property.
1. Cranes annual & quadrennial inspection status.
 2. Certificate of Compliance.
 3. Copies of operator medical certificate & qualifications by a source that qualifies Crane Operators (union, governmental agency, or an organization that tests and qualifies Crane Operators for the equipment being operated).
 4. Personnel designated and qualified by the Crane Contractor conducting weight-handling operations to perform rigger-in-charge duties as identified in reference (a), section 10.2.1.1. For further guidance, refer to paragraph 4.b(3) of reference (g).
 5. Copy of the load chart for the specific crane.
 6. Crane data sheet.
 7. Job site ground loading conditions with restrictions as applicable.
 8. Cribbing plan, if applicable.
 9. Routine and/or critical lift plan (e.g., weights, crane radius, net crane capacity, type of rigging gear, rigging gear net capacity). The lift plan must cover all lifts for the period the crane is operating on Navy property.
 10. Listing of rigging gear to be utilized with OEM Specifications and certifications.
 11. Other documentation specific to the Contracting Officer (or project manager).

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- f. Commercial service vehicles and other commercial vendors often enter Navy property with category 4 cranes that they do not intend to operate. For those instances, and in lieu of a compliance review, the contractor may elect to complete a Contractor Crane Non-Operation Permit, page 16 of enclosure (1), certifying that the crane will not be operated on Navy property. The permit must be posted in a conspicuous location on the crane or in the cab and may be obtained from the NAVFAC MIDLANT Crane Surveillance Team.
- g. Base Security shall refuse entry of any contractor cranes that do not have an approved contractor crane operating permit or non-operating permit.
- c. **Weight Handling Equipment Audits.** All NSA tenant activities, commands and organizations that have WHE programs are subject to WHE program audits and equipment and operations safety inspections in accordance with references (a) through (g), by Region representatives, Naval Facilities Engineering Command representatives, Department of Defense representatives, or other federal regulators.
- d. **Weight Handling Equipment Accident Reporting and Investigation.** In accordance with references (a), (c), (d), (e) and (g), all WHE accidents, as defined in section 12 of reference (a), shall be reported to the tenant activity WHE Program Manager, NSA Mechanicsburg Safety Office, and your activity safety office for investigation and reporting.
- e. **Weight Handling Equipment Operator Training & Licensing Program.** All WHE operators located on the NSA Mechanicsburg compound shall be licensed or certified in accordance with sections 1.7, 6, 7, 8, 9, and 10 of reference (a), as applicable. The base-wide Navy Licensing Program is managed by the PWD PA BSVE Transportation Branch with oversight by representatives from the WHE Certifying Officer.
6. **Instructions.** Instructions can be obtained from the Defense Printing Service at the following: DODSSP Website:
<http://dodssp.daps.dla.mil/>
7. **Maintenance Responsibility.** The NSA Mechanicsburg Commanding Officer is responsible for the maintenance of this directive.



C.M. VITT

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Distribution:
All NSA-M Tenant Activities
NSA 09M (2 copies)
NSA 09M1
NSA 09M2
NSA 09M3
FEAD (ROICC)
PA-PWD (PRP331 - 7M0)

MAY 07 2009



DEPARTMENT OF THE NAVY

COMMANDER
NAVY REGION, MID-ATLANTIC
1510 GILBERT ST.
NORFOLK, VA 23511-2737

IN REPLY REFER TO:

COMNAVREGMIDLANTINST 11262.1

REG ENG/PW7

08 FEB 2008

COMNAVREG MIDLANT INSTRUCTION 11262.1

From: Commander, Navy Region, Mid-Atlantic

Subj: CONTRACTOR CRANE OVERSIGHT

Ref: (a) NAVFAC P-307
(b) Occupational Safety and Health Administration (OSHA)
29 CFR, Parts 1910, 1915, 1917, 1918, 1919, and 1926
(c) ASME B30.3, B30.5, B30.8, B30.9, B30.22, and B30.26

Encl: (1) Certificate of Compliance
(2) Contractor Crane Entry Package Checklist
(3) Contractor Crane Pre-Entry Checklist
(4) Contractor Crane Operating Permit
(5) Contractor Crane Non-Operation Permit
(6) Contractor Crane Operation Checklist
(7) Contractor Crane Oversight Discrepancy Form
(8) Contractor Crane Discrepancy Response Form
(9) Crane and Rigging Gear Accident Report

1. Purpose. To establish a Regional Contractor Crane Oversight Plan, in accordance with reference (a), to prevent the potential for damage to Government property and injury to Government personnel by contractors operating weight handling equipment (WHE) on Commander, Navy Region, Mid-Atlantic (COMNAVREG MIDLANT), property. This Contractor Crane Oversight Plan is intended only to improve safety of personnel and property. It is not intended to, nor does it, create any right or benefit or trust responsibility, substantive or procedural, enforceable against the U.S., its agencies or instrumentalities, or its officers or employees.

2. Background. Non-Navy-owned cranes operated by contractor personnel on Navy property, often from a variety of sources, are incidental to construction contracts, ship repair contracts, demolition contracts, maintenance, and other service contracts, and deliveries of supplies and equipment. Numerous

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organizations, including tenant activities, ships, and supply departments, have contracting authority that often involves the use of non-Navy-owned and operated cranes.

3. Scope. This oversight plan relates directly to the use of non-Navy-owned Category I and IV cranes operated by contractor personnel conducting business on COMNAVREG MIDLANT property.

4. General Requirements. Contractor cranes operating on COMNAVREG MIDLANT property shall operate under the requirements of references (a) through (c), as applicable. Nothing in this instruction is meant to deviate from the operation and safety requirements of these referenced instructions and guidance. Crane Surveillance Teams (CST) will review contractor crane submittals and provide approval before contractor cranes are allowed to operate on COMNAVREG MIDLANT property. CSTs will additionally perform random job site surveillances of contractor crane operations.

5. Responsibilities

a. COMNAVREG MIDLANT Installation Commanding Officer (ICO)

(1) Ensure all existing and future contracts include requirements of this instruction for contractor cranes operating on COMNAVREG MIDLANT property.

(2) Recognize this instruction as the oversight plan for all contractor crane operations, per reference (a), for the installation.

(3) Issue implementing instructions detailing site specific requirements for their installation.

(4) Designate Crane Program Managers (PM) via local instruction responsible for administering this oversight plan.

b. DoD Contracting Officers for Crane Services

(1) For contractor rental cranes, ensure that the minimum requirements of references (a), (b), and (c), and this instruction for crane safety and surveillance, are either specifically included in the crane contract documents or incorporated by reference.

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(2) Ensure crane contractors submit a Certificate of Compliance, enclosure (1), a Contractor Crane Entry Package Checklist, enclosure (2), and documentation identified within paragraph 5a(1) of this instruction.

(3) Require the crane contractor that is conducting weight handling operations to recognize their responsibilities for safe crane operation. This includes the designation of qualified personnel to perform rigger-in-charge duties as identified within reference (a), section 10.2.1. DoD personnel (military & civilian) designated to perform rigger duties shall be qualified and trained in accordance with reference (a), section 13.2, Table 13-1. Non-DoD personnel designated to perform rigger-in-charge duties shall be qualified as defined within reference (b), 1926.32(m).

(4) Continue to provide oversight of contractor crane operations in conjunction with the CST.

(5) Report all contractor crane accidents to their applicable Safety Office and applicable CST for accident investigation and reporting oversight.

(6) After the package has been reviewed and approved, require the contractor to notify the Contracting Officer a minimum of 24 hours in advance of any cranes that are entering a naval installation.

(7) Require the contractor to comply with the following requirements pertaining to crane safety and operation listed below:

(a) The crane operator will not leave the crane cab with a load suspended.

(b) The crane hook/block must be positioned directly over the load. Side loading of the crane is prohibited.

(c) A barricade must be positioned to prevent personnel from entering the tail swing area of the crane.

(d) "Lift-off" of tires when working on rubber, or lift-off of outriggers when used, will not be permitted.

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(e) Fire lanes will not be blocked for any reason without approval from the Contracting Officer and Base Fire Marshall.

(f) Ground loading limitations must be adhered to at all times. This includes the travel path taken by the crane to the work site.

(g) Use proper cribbing as required by the local cognizant engineering organization. In areas of operation that have not been identified by the local cognizant engineering organization, the crane contractor is responsible for determining ground loading/cribbing requirements.

(h) For barge-mounted mobile cranes, use of applicable load chart, a load indicating device, a wind indicating device, and a marine type list/trim indicator readable in one-half degree increments. For further guidance, refer to reference (a), section 1.7.2.

c. Crane Surveillance Teams (CST)

(1) Manage the entry process of all contractor cranes onto all COMNAVREG MIDLANT property.

(2) Serve as the ICO's and DoD Contracting Officer's "agent" in matters pertaining to contractor crane requirements, per reference (a).

(3) Provide coordination between crane contractors and the local cognizant engineering organization in matters of ground loading permits.

(4) Provide random evaluations of contractor crane operations.

(5) Provide oversight of accident reporting and investigation as required, per reference (a) and herein.

d. Crane Program Managers (PM). Crane PMs are responsible for oversight of all contractor cranes on COMNAVREG MIDLANT property. Crane PMs shall have the authority to restrict or prohibit contractor lifting and handling operations within their area of responsibility (AOR) when the contractor fails to meet

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the provisions outlined in this instruction. Crane PMs will report non-compliance of all requirements herein to the appropriate DoD Contracting Officers and ICOs.

6. Procedure

a. For crane entry and operations in accordance with localized instructions onto a Navy facility, contractors shall submit a Certificate of Compliance, enclosure (1); a Contractor Crane Entry Package Checklist, enclosure (2); and the items listed below to the Contracting Officer for review and approval a minimum of 5 business days before bringing a crane on COMNAVREG MIDLANT property. Contracting Officers will review the submitted documentation and forward the package to the CST for review. The CST must be provided a minimum of 3 business days for review of the entry package. Failure to submit the required documentation below in the specified time may result in installation access delays. In emergent situations where it is not possible to submit the required documentation within the specified time, as determined by the Contracting Officer, Contractors shall notify the Contracting Officer's representative, coordinate arrival time with the CST, and present the documentation listed below to the CST at the applicable entry point. The CST will review documentation at the entry point prior to crane entry. For remote installations with no on-site CST, review of submitted documentation only is permissible based on risk of the job being performed. This review will include:

- (1) Crane's annual & quadrennial inspection.
- (2) Certificate of Compliance.
- (3) Copies of operator medical certificate & qualifications by a source that qualifies Crane Operators (union, Governmental agency, or an organization that tests and qualifies Crane Operators for the equipment being operated).
- (4) Personnel designated and qualified by the Crane Contractor conducting weight-handling operations to perform rigger-in-charge duties as identified in reference (a), section 10.2.1.1. For further guidance, refer to paragraph 4b(3) of this instruction.

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- (5) Copy of the load chart for the specific crane.
- (6) Crane data sheet.
- (7) Job site ground loading conditions with restrictions as applicable.
- (8) Waterfront Operational Permit, if applicable.
- (9) Cribbing plan, if applicable.
- (10) Routine and/or critical lift plan (e.g., weights, crane radius, net crane capacity, type of rigging gear, rigging gear net capacity). For further guidance, refer to reference (a), section 1.7.2.e. The lift plan must cover all lifts for the period the crane is operating on Navy property.
- (11) Listing of rigging gear to be utilized with Original Equipment Manufacturer's specifications in accordance with reference (c).
- (12) Other documentation specific to the Contracting Officer.

b. Contracting Officers will coordinate the date and time of arrival of the contractor crane with the CST, and the CST personnel will perform a quality assurance review of the Contractor Crane and associated rigging gear for compliance with applicable OSHA regulations and references (a) and (c) prior to entry. Enclosures (2) and (3) shall be used as a guide to ensure compliance with applicable requirements. If the crane is determined to be in compliance, and all required documentation has been verified, the person conducting the review will issue a Crane Operating Permit, enclosure (4). Enclosure (4) will be valid for a duration determined by the local CST or until the crane exits the installation. For remote installations with no on-site CST, the applicable CST will review submitted documentation and determine, based on risk of the job being performed, the need for on site quality assurance review and job site surveillance.

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c. A Critical Lift Plan shall be reviewed and approved by the appropriate CST before any critical lift is performed. Critical Lift Plans are required for each of the following: 1) Lifts over 75 percent of the rated capacity of the crane at any radius; 2) Lifts over 50 percent of the rated capacity for barge mounted mobile cranes at any radius; 3) Lifts involving more than one crane or hoist; 4) Lifts of personnel; 5) Lifts that require the load to be lifted, swung, or placed out of the operator's view; and, 6) Lifts involving non-routine rigging or operation, hazardous materials, explosives, highly volatile substances, or unusual safety risks. Critical lift plans shall include the following as a minimum:

(1) Size and weight of the load to be lifted, including crane and rigging components.

(2) Lift geometry, including the crane position, boom length and angle, height of lift, and radius for the entire range of the lift for both single and multiple crane lifts.

(3) Rigging plan showing the lifting points, rigging gear, and rigging procedures.

(4) Environmental conditions under which lift operations are to be stopped (e.g. wind, electrical storm).

(5) For barge-mounted mobile cranes, stability calculations identifying barge list and trim based on anticipated loading, load charts based on calculated list and trim. The amount of list and trim shall be within the crane manufacturer's requirements.

d. Commercial service vehicles and other commercial vendors often enter COMNAVREG MIDLANT property with Category IV cranes that they do not intend to operate. For those instances, and in lieu of a compliance review, the contractor may request a Contractor Crane Non-Operation Permit, enclosure (5), certifying that the crane will not be operated on COMNAVREG MIDLANT property. The contractor must submit in writing that the vehicle will not be used as a crane. The permit must be posted in a conspicuous location on the crane or in the cab, and may be obtained from the CST. A new permit may be valid for only one

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entry or an extended period not to exceed 1 year. The effective length of the permit will be determined by the CST on a case-by-case-basis.

e. Contractor floating cranes granted access to COMNAVREG MIDLANT property by the respective Port Operations (Port Ops) Officer/Authority, coordinated with Base Security, shall be located pier side and accessible to the applicable CST prior to the first production lift.

f. Contractor mobile crane access to gated COMNAVREG MIDLANT property shall be restricted to the gates designated by the ICO.

g. Security personnel shall not allow entry of any contractor cranes without a valid permit posted in the front windshield, or a non-operational permit posted on the crane or in the vehicle cab.

h. ICOs will detail the procedure for emergency access to COMNAVREG MIDLANT property after normal working hours via implementing instruction.

i. COMNAVREG MIDLANT will fund local CSTs to provide a surveillance program and monitor contractor cranes and crane operators working on COMNAVREG MIDLANT property for safe practices. The surveillance programs do not supplant the need for Contracting Officers to maintain their own surveillance programs; rather, they are an additional level of safety provided to help prevent damage to Government property and harm to personnel.

j. CST personnel will randomly monitor contractor crane operations using the Contractor Crane Operation Checklist, enclosure (6), as a guide. To ensure contractor compliance, CST personnel will check for valid crane operating permits, certificates of compliance, and crane operator qualifications. In addition to verifying proper documentation, CST personnel will randomly observe crane operations for safe crane operation, proper set-up, adequate pier support, and proper rigging practices. Deficiencies noted during crane and documentation review, or while monitoring crane operations, shall be documented on the Contractor Crane Oversight Discrepancy Form, enclosure (7), and forwarded to the appropriate Contracting

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Official for resolution. Contracting Officials will submit a written response to all discrepancies within 10 working days to the respective CST. The Contractor Crane Discrepancy Response Form, enclosure (8), shall be used to identify the root cause(s) and any corrective/preventive actions taken to prevent recurrence.

7. Contractor Crane Accidents

a. Any WHE accident, as defined in reference (a), Section 12, must be investigated and reported. In the event of an accident, contractors shall secure the accident site, protect evidence, and immediately notify the Contracting Officer (or the designated representative).

b. The DoD Contracting Officer or local representative will notify the local Crane PM upon notification by the contractor. Additionally, the Contracting Officer/Rep must notify the NAVCRANECEN, (757) 967-3803, or by E-Mail: m_lstr_ncc_safe@navy.mil, of an accident involving a fatality, inpatient hospitalization, overturned crane, collapsed boom, or any other major damage to the crane or adjacent property as soon as possible, preferably within 24 hours of notification by the contractor.

c. The contractor, assisted by the CST, the Contracting Officer, and the applicable Safety Office will conduct an accident investigation to establish the root cause(s). Crane operations shall not proceed until cause is determined and corrective actions (to include recovery plans) have been approved and implemented to the satisfaction of the Contracting Officer and the CST.

d. Within 30 days, the contractor must provide the Contracting Officer a WHE accident report using enclosure (9) to include summary of circumstances, an explanation of cause(s), photographs (if available), and corrective actions taken. The Contracting Officer must forward this report to the NAVCRANECEN and local Crane PM, upon receipt.

e. These notifications and reporting requirements are in addition to those promulgated by OPNAVINST 5100.23 and related claimant instructions.

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8. Implementation. Implementation of the requirements of this instruction will be phased-in beginning at NAVSTA Norfolk upon signature and expanding to all COMNAVREG MIDLANT property with in 1 year of the date of signature.



R. F. PIERSON
Chief of Staff

Distribution:
Electronic only, via COMNAVREG MIDLANT Web site
<https://www.cnrma.navy.mil/>

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CERTIFICATE OF COMPLIANCE	
This certificate shall be signed by an official of the company that provides cranes for any application under this contract. Post a completed certificate on each crane brought onto Navy property.	
CONTRACTING OFFICER'S POINT OF CONTACT (Government Representative)	PHONE
PRIME CONTRACTOR/PHONE	CONTRACT NUMBER
CRANE SUPPLIER/PHONE (if different from prime contractor)	CRANE NUMBER (i.e., ID number)
CRANE MANUFACTURER/TYPE/CAPACITY	
CRANE OPERATOR'S NAME(S)	
<p>I certify that:</p> <ol style="list-style-type: none"> 1. The above noted crane and associated rigging gear conform to applicable OSHA regulations (host country regulations for naval activities in foreign countries) and applicable ASME B30 standards. The following OSHA regulations and ASME standards apply: _____ 2. The operators noted above have been trained and are qualified for the operation of the above noted crane. 3. The operators noted above have been trained not to bypass safety devices during lifting operations. 4. The operator's and company officials are aware of the accident reporting requirements contained in NAVFAC P-307, section 1.7.2. 	
COMPANY OFFICIAL SIGNATURE	DATE
COMPANY OFFICIAL NAME/TITLE	
POST ON CRANE (IN CAB OR VEHICLE)	

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CONTRACTOR CRANE ENTRY PACKAGE CHECKLIST

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1	Name of Crane Company & Crane Number	Company				
		Crane Manufacturer/Crane Model/Crane Number				
2	Date of Annual Inspection Expiration					
3	Date of Quadrennial Inspection Expiration					
4	Name & phone number of Contracting Official (or designated local representative)	Contracting Official				
		Phone Number				
5	Does the package include a routine or critical lift plan?			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
6	Location of lift site					
7	Duration crane will be continuously on the job site (hrs, days, weeks...)					
8	Does plan include certification from contractor that the crane complies with ASME B30 standard [B30.5 (mobile cranes), B30.8 (floating cranes), B30.22 (articulating boom cranes), or B30.3 (construction tower cranes)] as applicable?			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
9	Does plan include a certificate of compliance per NAVFACMIDLANTINST 11262.1 [enclosure (1)]?			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
10	Which OSHA regulations does the certificate of compliance indicate? (For cranes used in cargo transfer, 29 CFR 1917 applies; for cranes used in construction, demolition, or maintenance, 29 CFR 1926 applies; for cranes used in shipbuilding, ship repair, or ship breaking, 29 CFR 1915 applies).					
11	Does plan include valid medical certificate and proof of operator qualification from a source that qualifies crane operators (union, governmental agency, or an organization that tests and qualifies crane operators)? Verify qualification for each back-up operator (if provided) on the certificate of compliance.			Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
12	Does the plan designate a qualified Rigger-in-Charge?			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
13	What is the weight of the heaviest load to be lifted?			lbs.		
14	What is the weight of the rigging gear?			lbs.		
15	What are the crane components (and their weights) that add to the weight of the load (hook, jib, etc.)?			Main Block	lbs.	
				Aux. Block	lbs.	
				Jib (Stowed)	lbs.	
				Jib (Erected)	lbs.	
				Other	lbs.	
16	What is the maximum total crane lift (sum of 13, 14 & 15 above)?			TOTAL lbs.		
17	What is the capacity of the crane as configured?			lbs.		
18	What percentage of crane capacity does this lift represent?			%		
19	What is the main boom length? If a jib will be utilized, indicate the length and offset.			MAIN	JIB	OFFSET
20	What are the minimum and maximum load radii?			Min.	Max.	
21	Does the plan include the manufacturer's load chart for entire range of lift(s)?			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
22	Does plan include ground loading and outrigger reaction data to determine cribbing requirements, or a Waterfront Operational Permit?			Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

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23	For crawler crane, does the plan indicate area restrictions for operation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
24	For floating crane, does plan include maximum allowable list?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
25	For mobile crane mounted on barge, is crane equipped with load indicating device? wind indicating device? marine type list and trim indicator (readable in one-half degree increments)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
26	For mobile crane mounted on barge, does plan include revised load chart?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
27	What are the environmental conditions under which crane operations are to be stopped?			
28	Will the crane perform critical lifts per NAVFACMIDLANTINST 11262.1? (If no, skip items 29-49.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
29	What circumstances require this lift to be classified as a critical lift? (Blind lift, 75% of chart, non-routine rigging, etc.)			
30	What are the exact dimensions of the load? (L x W x H)			
31	Does the plan indicate the crane position? (Overhead view)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
32	What is the maximum lift height of the lift?			
33	What is the minimum boom angle?			
34	What is the maximum boom angle?			
35	What is the name of the operator?			
36	Indicate name(s) of backup operator (if required).			
37	Does the plan show lift points?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
38	Does the plan describe the rigging procedures?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
39	Does the plan indicate rigging hardware requirements?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
40	For personnel lifts, does the plan demonstrate compliance with 29 CFR 1926.550?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
41	Does EM 385-1-1 govern this lift?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
42	What are the coordination and communication requirements for the lift (e.g., radio and hand signals)?			
43	For tandem or tending crane lifts, does the plan indicate the make and model of the crane, the line, boom, and swing speeds, and the requirement for an equalizer beam?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
44	For floating cranes, refer to questions 20-22?			
45	What is the name of the lift supervisor?			
46	Does the plan indicate the qualifications of the lift supervisor?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
47	What are the names of the riggers?			
48	Does the plan indicate the qualifications of the riggers?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
49	Did all involved personnel (Operator, Riggers, Lift Supervisor, etc.) sign the critical lift plan?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Signature below verifies crane package complies with NAVFACMIDLANTINST 11262.1.

Name	Organization	Signature	Date	Phone
Contracting Official:				
Reviewed By:				

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CONTRACTOR CRANE PRE-ENTRY CHECKLIST

Inspection Information: ROICC MARMC Other _____

Contractor's Package Rec'd:		Proposed Date(s) of Entry:		Prime Contractor:		Prime Contractor POC:		Phone:	
Contracting Officer:				Phone:		Contract Number:			
Crane Supplier/Prime (if different from prime contractor):				Serial number:		Approved/Qualified Operator(s) and Rigger-in-Charge:			
Crane Manufacturer:		Crane Model:		Crane Number:		1			
Manufacturer's Maximum Rated Capacity:		Hoist(s) I/B:				2			
3									
Cert. Type: Quadrennial: _____ Annual: _____		Exp. Date: _____		Crane Setup Site:		Lift <input type="checkbox"/> Critical Type: <input type="checkbox"/> Routine			
Crane Type at Check in Point:					Boom Type				
<input type="checkbox"/> Mobile RT		<input type="checkbox"/> Floater		Telescopic manufactured after 02/28/92?		<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/> Mobile Truck		<input type="checkbox"/> Mobile on barge		Lattice manufactured after 02/28/92?		<input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/> Crawler		<input type="checkbox"/> Boom Truck		Equipped with Anti Two-Blocking device?		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A			
If Boom Truck, will boom be used for lift?		<input type="checkbox"/> Y <input type="checkbox"/> N		Boom free of obvious defects?		<input type="checkbox"/> Y <input type="checkbox"/> N			
If yes, does Boom Truck have required papers?		<input type="checkbox"/> Y <input type="checkbox"/> N							
Crane at Check in Point:					Crane at Check in Point:				
Same as identified in submitted crane package? <input type="checkbox"/> Y <input type="checkbox"/> N					List/Trim angle indicator visible to operator while at controls? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A				
Configured same as identified in submitted crane package? <input type="checkbox"/> Y <input type="checkbox"/> N					Calibrated Load Moment/Load Indicator present in operator's cab? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A				
All Hoist Block Hooks equipped with positive latching device? <input type="checkbox"/> Y <input type="checkbox"/> N					Crane equipped with appropriately rated fire extinguisher? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A				
Operator at Check in Point in Possession of:					Crane equipped with appropriately rated fire extinguisher? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A				
Completed Certificate of Compliance? <input type="checkbox"/> Y <input type="checkbox"/> N					Rigging gear free of obvious defects? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A				
Copy of Required Crane Certifications? <input type="checkbox"/> Y <input type="checkbox"/> N					Hoist wire rope free of obvious defects? <input type="checkbox"/> Y <input type="checkbox"/> N				
Current Crane Operator Qualifications? <input type="checkbox"/> Y <input type="checkbox"/> N					Hoist wire rope dead ended with:				
Copy of Approved Lift Plan? <input type="checkbox"/> Y <input type="checkbox"/> N					Poured Socket? <input type="checkbox"/> Y <input type="checkbox"/> N				
Copy of approved NNSY Ground Loading restrictions for all set up/work locations? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A					Wedge Socket? <input type="checkbox"/> Y <input type="checkbox"/> N				
Approved cribbing plan and cribbing at pass office prior to entry <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A					If wedge type socket, is pig tail clamped correctly? <input type="checkbox"/> Y <input type="checkbox"/> N				
Load Rating Charts visible to operator while at controls? <input type="checkbox"/> Y <input type="checkbox"/> N					Crane equipped with spill containment kit? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A				
Boom angle indicator visible to operator while at controls? <input type="checkbox"/> Y <input type="checkbox"/> N									
General Notes									
Approved: Surveillance Team Member		Phone:		Expiration of Permit		Date of entry:		Time of Entry:	

Enclosure (3)

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CONTRACTOR CRANE OPERATING PERMIT

**NAVFAC MIDLANT
CONTRACTOR CRANE
OPERATING PERMIT**

DATE ISSUED

EXPIRATION DATE

CONTRACTING AGENT PHONE # & NAME _____

CONTRACT # _____

AUTHORIZED LOCATION _____

CRANE CONTRACTOR _____

CRANE NUMBER _____

Enclosure (4)

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CONTRACTOR CRANE NON-OPERATION PERMIT

CONTRACTOR CRANE NON-OPERATION PERMIT (CATEGORY 4 CRANES) POST IN A CONSPICUOUS LOCATION ON THE CRANE OR IN THE VEHICLE CAB	
Company:	Point of Contact (Name / Phone)
Crane Manufacture:	Vehicle ID / Serial Number:
Contracting Official:	Phone:
Work Location:	
I certify that this vehicle will be used for the transportation of personnel and materials only. At no time will the crane be operated while on Navy property.	
Company Official / Title: (print)	
Signature:	Date:

Enclosure (5)

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CONTRACTOR CRANE OPERATION CHECKLIST

		Yes	No	N/A
1.	Is the Certificate of Compliance in the operator's cab with the current operator's name listed?			
2.	Does operator know weight of load to be lifted?			
3.	In it's present condition, is load within crane manufacturer's rated capacity?			
4.	Is crane level on firm ground?			
	Does manufacture rate crane for on rubber lifts?			
	Is manufactures' on rubber load chart posted on crane within sight of operator?			
5.	Are outriggers required?			
	Are outriggers fully deployed and loaded?			
	If not, does lift exceed manufactures' on rubber lift capacities?			
	Are outrigger pads attached to outrigger cylinder?			
	Is cribbing same as outlined in ground loading diagram from PWC?			
6.	Are pinch points within counterweight swing radius identified?			
	Are pinch points within counterweight swing radius clear of personnel?			
	Is counterweight swing radius area guarded (taped, cones, roped, etc.)?			
7.	Has hook been positioned over center of gravity of load before performing lift?			
	Was load/crane stability checked after clearing lift off point?			
	Was load frapped within the slings?			
	Was load centered within lifting device?			
8.	Is the lift path clear of obstructions?			
9.	Is the swing path clear of obstructions?			
10.	Was a tag line needed to prevent rotation of load?			
11.	Are personnel prevented from standing or passing under suspended load?			
12.	Is crane operator's attention being diverted from lift evolution?			
	Proper signals being used during lift cycle?			
	Side loading occurring during lift cycle?			
	Personnel being allowed to ride load during lift cycle?			
	Starting/Stopping during lift cycle being done in smooth manner?			
	Operations near electric power lines in accordance with required guidelines?			
13.	Is this a critical lift?			
	Is copy of critical lift plan at job site and being followed by operator?			
	Are all critical lift check off sheets initialed and signed off?			
	Is rigging gear undamaged and acceptable for this application?			
Contractor:		Subcontractor:		
Location:		Date:		
Notes:				
Signature of Contracting Officer's Representative:				

Enclosure (6)

MAY 07 2008

COMNAVREGMIDLANTINST 11262.1

08 FEB 2008

CONTRACTOR CRANE OVERSIGHT DISCREPANCY FORM

Date:	Crane: _____ Rigging: _____ Operations: _____	Control #
Contractor:		Sub Contractor:
Crane Owner:	Crane Mfg:	Model / Ser #
Location Of Operations:		
Contracting Official:	Phone:	Contract #

Note: Contracting Officials shall submit a written response to all discrepancies within 10 working days to the NAVFAC MIDLANT CRANE TEAM. Identify the root cause(s) and any corrective / preventive actions taken to prevent recurrence.

Item #	Discrepancy
Oversight Personnel's Signature:	Date:

Enclosure (7)

027 07 2008

COMNAVREGMIDLANTINST 11262.1
08 FEB 2008

CONTRACTOR CRANE DISCREPANCY RESPONSE FORM

Date:	Control #	Contractor:	
Sub Contractor:		Crane Owner:	
Location Of Operations:			
Contracting Official:		Phone:	Contract #
Root Cause			
Corrective / Preventive Action Action Taken To Prevent Recurrence			
Contracting Representatives Signature:			Date:

Note: Contracting Officials shall submit a written response to all discrepancies within ten (10) working days to the NAVFAC MIDLANT CRANE TEAM. Identify the root cause(s) and any corrective/preventive actions taken to prevent recurrence.

Enclosure (8)

NAV 07 2008
 COMNAVREGMIDLANTINST 11262.1
 0 8 FEB 2008

CONTRACTOR CRANE DISCREPANCY RESPONSE FORM

Date:	Control #	Contractor:
Sub Contractor:		Crane Owner:
Location Of Operations:		
Contracting Official:	Phone:	Contract #
Root Cause		
Corrective / Preventive Action Action Taken To Prevent Recurrence		
Contracting Representatives Signature:		Date:

Note: Contracting Officials shall submit a written response to all discrepancies within ten (10) working days to the NAVFAC MIDLANT CRANE TEAM. Identify the root cause(s) and any corrective/preventive actions taken to prevent recurrence.

Enclosure (8)

MAY 07 2009

COMNAVREGMIDLANTINST 11262.1

08 FEB 2008

CONTRACTOR CRANE DISCREPANCY RESPONSE FORM

Date:	<u>Control #</u>	Contractor:	
Sub Contractor:		Crane Owner:	
Location Of Operations:			
Contracting Official:		Phone:	<u>Contract #</u>
Root Cause			
Corrective / Preventive Action Action Taken To Prevent Recurrence			
Contracting Representatives Signature:			Date:

Note: Contracting Officials shall submit a written response to all discrepancies within ten (10) working days to the NAVFAC MIDLANT CRANE TEAM. Identify the root cause(s) and any corrective/preventive actions taken to prevent recurrence.

Enclosure (8)

EXCAVATION PERMIT for NSA MECHANICSBURG

PERMIT #:	DATE APPROVED:	EXPIRATION DATE:
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PART 1 (to be filled out by the Requester)

Public Works Project
 Contractor Project
 FSC Contract Project

INSTRUCTIONS: This excavation permit is required for any interior or exterior excavation of any depth. This form is used to coordinate the required work with key base and commercial utilities so all base utilities in the area of excavation will be marked and to identify potential hazardous work conditions. It is also used to notify the proper agencies of possible road closures so as to keep customer inconvenience to a minimum. This excavation permit will be processed after the excavation area has been properly staked or marked in white (IAW APWA Guidelines). This excavation permit is valid only if it is signed by the Approving Official. If excavation delays are encountered and/or conditions at the excavation site change (due to weather, heavy traffic, or construction) which cause the utility markings to no longer be visible then this excavation permit will no longer be considered valid.

Excavation Clearance at the following location:

Description of work to be done:

Work Order Number / Job Number / Contract Number / FSC Task Order Number (mark as applicable):

Work Order #	Job Number	Contract Number	FSC Task Order Number
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The excavation area involved was properly staked and / or marked in white (to indicate where proposed excavation will take place) **Date:**

Type of Facility / Work Affected (Check all that apply):

<input type="checkbox"/> Pavements	<input type="checkbox"/> Drainage Systems	<input type="checkbox"/> Fire Protection	<input type="checkbox"/> Fire Detection	<input type="checkbox"/> Security
<input type="checkbox"/> Overhead Utility	<input type="checkbox"/> Underground Utility	<input type="checkbox"/> Communications	<input type="checkbox"/> Vehicular Traffic	<input type="checkbox"/> Train Traffic

Other: (specify)

Organization / Company Name:	Phone Number:	Date:
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Name of Requester:	Signature:
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Date Submitted:	Date Clearance is Required:	Estimated Date for Clearance Termination:	Anticipated Depth:
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Part 2 (PA One Call Information)

Notification of PA ONE CALL is the responsibility of the Requester @ 1-800-242-1776 or 811
 Pennsylvania Law requires no less than 3 nor more than 10 business days notification before you dig.
 Note to Excavator: PA One Call must be notified every 14 calendar days as long as excavation continues.

Date PA One Call Was Made:	PA One Call Serial Number:	Legal Start Date: Expiration Date:
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Initial PA One Call Made by:

PA One Call Extensions

New Extension Date:		Call Made by:	New Extension Date:		Call Made by:
New PA One Call Serial Number:			New PA One Call Serial Number:		
New Extension Date:		Call Made by:	New Extension Date:		Call Made by:
New PA One Call Serial Number:			New PA One Call Serial Number:		

Part 3 (Utility Markings - filled out by Maintenance and Utilities Division)

Utility Type	No Utility in Area	Utility Needs Marked	Date Utility Marked (If required)	Printed Name	Initials
Water	<input type="checkbox"/>	<input type="checkbox"/>			
Gas	<input type="checkbox"/>	<input type="checkbox"/>			
Electrical	<input type="checkbox"/>	<input type="checkbox"/>			
Drainage Systems	<input type="checkbox"/>	<input type="checkbox"/>			
Sewage Systems	<input type="checkbox"/>	<input type="checkbox"/>			
Heat / Steam	<input type="checkbox"/>	<input type="checkbox"/>			
Oil	<input type="checkbox"/>	<input type="checkbox"/>			
Communications	<input type="checkbox"/>	<input type="checkbox"/>			
Cable TV	<input type="checkbox"/>	<input type="checkbox"/>			
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>			

Part 4 (Remarks and Comments Section)

This section is to be used to describe specific precautionary measures to be taken before and during work accomplishment. (i.e. approved method for excavation, type of hand or power equipment allowed, etc.)

Part 5 (Approval Section)

Approval Recommendation: PWD PA Mech - Railroad Inspector

DATE:	Name of approving official:	Signature:
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Approval Recommendation: PWD PA Mech - Environmental Division

DATE:	Name of approving official:	Signature:
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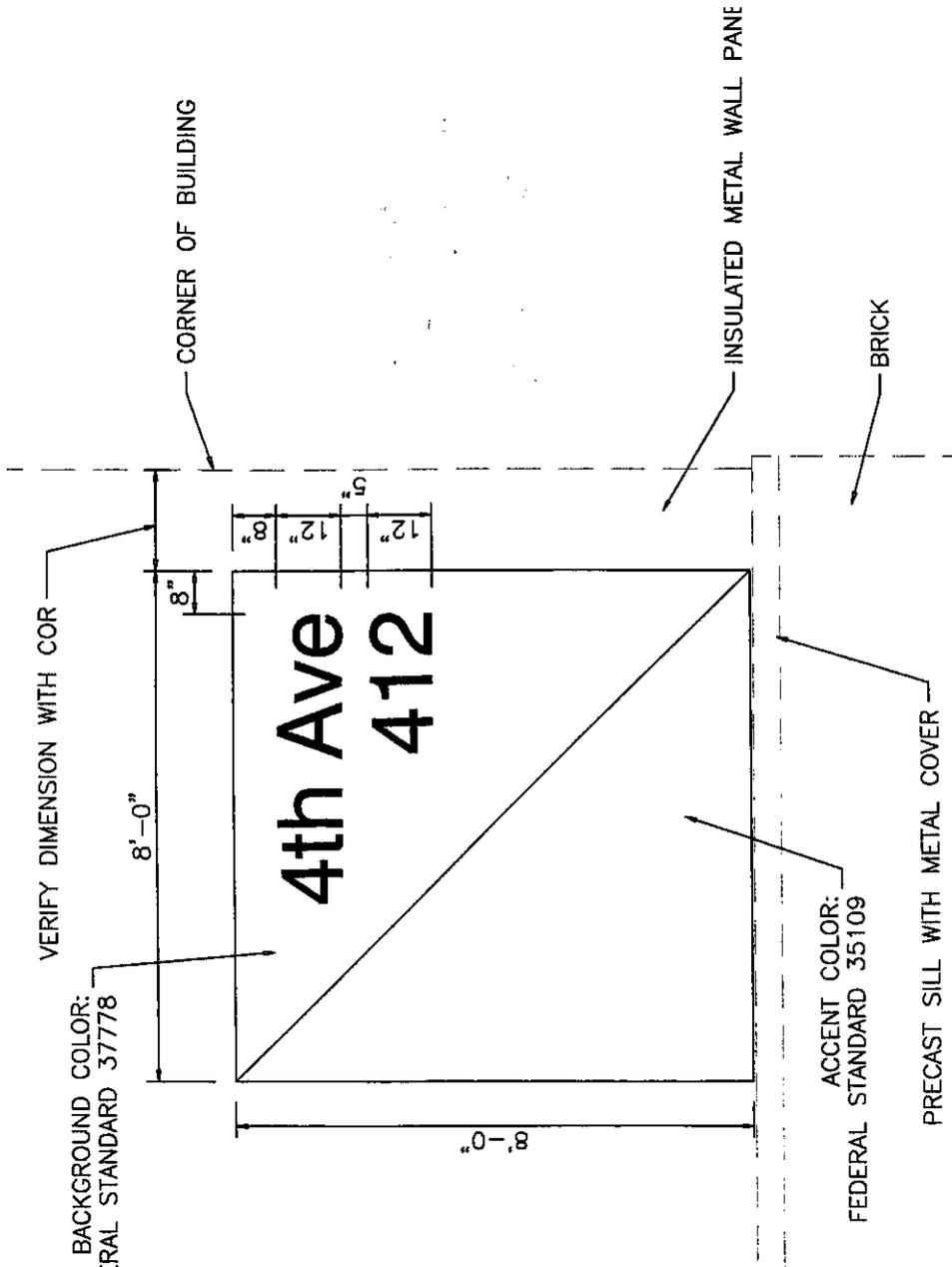
Approval Recommendation: PWD PA Mech - Maintenance and Utilities Division

DATE:	Name of approving official:	Signature:
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APPROVAL AUTHORIZATION

Approved
 Disapproved
 (Good for 90 Days from approval)

Date Approved:	Name of Approving Official (Mech APWO or Acting):	Signature of Approving Official:
Date of Expiration:		



SIGN NOTES:

1. STREET NAME: UPPER AND LOWER CASE, HELVETICA MEDIUM, 12" UPPER CASE CHARACTER HEIGHT.
2. BUILDING NUMBER: HELVETICA MEDIUM, 12" NUMERAL HEIGHT.
3. TEXT COLOR: BLACK.
4. PROVIDE SIGNS AT BUILDING CORNERS AS INDICATED ON ELEVATIONS. COORDINATE ALL TEXT AND MOUNTING LOCATIONS WITH COR.
5. ORIENTATION OF TEXT AND DIAGONAL DIVISION REVERSES WHEN OPPOSITE SIDE OF SIGN IS ADJACENT TO CORNER OF BUILDING.
6. CONFIRM SIGN PANEL DESIGN, COLORS, MATERIAL AND MOUNTING METHOD WITH COR.

8 BUILDING I.D. SIGN DETAIL
A18 $\frac{3}{8"}=1'-0"$