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| **Request for Mobile Crane Service** |  |
| ***Your information will contribute to the development of a LIFT PLAN. Please be accurate and as complete as possible.***  Date: Click here to enter a date.  Name: Click here to enter text.  Division and Section: Click here to enter text.  Payload Name: Click here to enter text. Lift Description: Click here to enter text.  Project: Click here to enter text.  Location of Payload: Click here to enter text.  Date service requested: Click here to enter a date.  Is this a Special  or a Planned Engineered lift?  <http://esh-docdb.fnal.gov/cgi-bin/ShowDocument?docid=356>  Will payload be set on top of a structure? YES NO  If **Yes** Then: Height of structure: Click here to enter text.  Distance from edge of structure to final CG of payload: Click here to enter text.  Is Fall protection necessary when placing this item on building? YES NO  Is this a ONE TIME LIFT:  Repetitive Lifts:  Does this task require the coordination of other resources? YES  NO  *If Yes please provide a HA.*  Electrical  Roads and Grounds  JULIE  Is a FESS Engineering Review necessary to comply with DP 18? YES  NO  <http://fess.fnal.gov/administration/DirectorsPoliciesComplianceManual.pdf> | | |

Will you provide the appropriate rigging gear for this payload? YES  NO

Are additional load handling devices (i.e. Spreader Bars etc.) necessary? YES  NO

Weight of device: Click here to enter text.

Are there Environmental Concerns with payload? YES  NO

If Yes Describe: Click here to enter text.

Other than the lifting activity is a Job Hazard Analysis necessary? NO

If **YES** Please attach to this document.

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| Characterize the Load(s) | |
| This plan covers  Single load only  Variety of similar loads: enter dimensions and weight of largest load covered by the plan | Length Click here to enter text.  Width Click here to enter text.  Height Click here to enter text.  Diameter Click here to enter text.  Load weight\* Click here to enter text. |
| \*Weight determination (choose one)  Marked on load  Weighed  Estimated  Other Click here to enter text. (describe)  Weight calculated by Name Click here to enter text. (attach calculations)  Drawing number Click here to enter text. | |

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| Characterize the Task or Comments: (Include directions for lifting, rotation, flipping, speeds, and travel) |
| Click here to enter text. |

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| Characterize Attachment Points |
| Note: Attach photos to illustrate, as necessary.  Manufacturer-provided lift point  Sling in choker hitch  Sling in basket hitch  Sling in vertical hitch  Threaded hole (eyebolt or hoist ring)Hole diameter: Click here to enter text.  Material type: Click here to enter text.  Other Click here to enter text. |
| Note: Confirm attachment points or hitch methods with the load owner if in doubt.  The lift points or attachment methods described in this lift plan can withstand the forces created by the rigging gear.  Click here to enter text.Click here to enter text.Click here to enter a date.  Load owner Signature Date |

### Rigging Sketch or Photo of Rigged Item

Provide additional information about the load or a picture if available and helpful.

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