

# CRANE OPERATING PERMIT (FOR PIER WORK)

Contractor shall complete this form and submit (1) copy to the Contracting Officer at least 24 hours prior to bringing any crane on Navy property. This form shall be signed by an official of the company that provides cranes for any application under this contract. Contractor shall submit a separate form for each job, the permit will be valid only for the job specified. Post a valid signed copy of this permit on the crane prior to arriving on Navy property. Cranes will **NOT** be allowed to operate until a Contracting Officer's Representative has completed a quality assurance check, and signed the block below. All crane operations are subject to periodic surveillance by the Crane Surveillance Team. All cranes must have a valid Waterfront Operational Permit prior to working on any Navy owned pier.

LOCATION: (Include Sketch if required)	DATE(S) OF CRANE OPERATION:
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DESCRIPTION OF WORK:

CONTRACTING OFFICE:	CONTRACTING OFFICER / PHONE	CONTRACT NUMBER:
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PRIME CONTRACTOR:	POINT OF CONTACT / PHONE:
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CRANE CONTRACTOR:	POINT OF CONTACT / PHONE:
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CRANE MANUFACTURER:	MODEL:	CAPACITY	CRANE ID #:
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GROSS VEHICLE WEIGHT: TRAVEL: OPERATING:	MAX LIFT DURING OPERATION:	MAX OUTRIGGER LOAD DURING OPERATION:
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CRANE OPERATOR'S NAME(S):

I certify that:

1. The above noted crane conforms to applicable OSHA regulations (host country regulations for naval activities in foreign countries) and ASME B30 as required. The following regulations apply: OSHA 1926, ASME B30.5, ASME B30.8 and EM 385-1-1
2. That the operators noted above have been trained and are qualified for the operation of the above noted crane.
3. That the operators noted above have been trained not to bypass safety devices during lifting operations.

COMPANY OFFICIAL: (signature)	PRINTED NAME / TITLE:	DATE:
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**TO BE COMPLETED BY CONTRACTING OFFICER'S REPRESENTATIVE  
PRIOR TO ACCESSING NAVY PROPERTY**

ACCESS AUTHORIZED: (signature)	PRINTED NAME:	DATE
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**TO BE COMPLETED BY CONTRACTING OFFICER'S REPRESENTATIVE  
AFTER COMPLETING QUALITY ASSURANCE CHECK**

Q/A CHECK COMPLETE: (signature)	PRINTED NAME:	DATE
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**POST ON CRANE  
(IN CAB OR VEHICLE)**

