IWP EQUIPMENT SETTING CHECKLIST

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|  | | MAJOR PROJECTS |
| **Appendix - 6** |
| **Department:** | CONSTRUCTION | Number: **PCM-CP-000X-6** |
| **Subject:** | IWP EQUIPMENT SETTING CHECKLIST | Revision:  **A** |

| **IWP ID Number:** | | | **Date Prepared:** | | |
| --- | --- | --- | --- | --- | --- |
| **IWP Description:** | | | | | |
| **ITEM DESCRIPTION** | | **YES / NO / N/A** | | **COMMENTS** | |
| **Foundation Complete Ready For Equipment:**  a) Anchor Bolts Checked And Correctly Located  b) Threads Not Damaged And Lubrication Applied  c) Latent’s Removed  d) Shim Blocks Set To Height And Grouted  e) Base Top Prepped Ready For Grout | |  | |  | |
| **Equipment Location:**  a) Onsite  b) Laydown Area  c) In Transit | |  | |  | |
| **Equipment Type:**  a) Static  b) Rotating | |  | |  | |
| **Is CSA Approval / Inspection:**  a) Required  b) Scheduled | |  | |  | |
| Lift Plan In Place And Ready For Use | |  | |  | |
| **Engineered Rigging Study Required:**  a) Complete  b) Reviewed  c) Authorized For Use | |  | |  | |
| **Crane(s) To Support Work Package Activities:**  a) Onsite  b) Available  c) Scheduled | |  | |  | |
| Required Rigging And Accessories Onsite And Available To Support Work Packager Activities | |  | |  | |
| **Area Where Crane To Be Set-Up:**  a) Soils Report Available  b) Area Reviewed for Access And Obstructions  c) Matting Required  d) Matting In Place | |  | |  | |
| **Transportation Requirements For Equipment, Rigging, Tools Etc.:** a) Available  b) Scheduled | |  | |  | |
| Material Requisitions Complete Ready To Be Submitted For Work Package | |  | |  | |
| Materials In Warehouse Bagged And Tagged | |  | |  | |
| **Special Training / Qualification Requirements:**  a) Safety; SCABA, High Level Rescue Etc  b) Equipment Operation; Manlift Etc.  c) Other  d) Training Complete | |  | |  | |
| Permit Requests Complete Ready To Be Submitted For Work Package | |  | |  | |
| Safety Items And Concerns Clearly Identified, Listed And Addressed | |  | |  | |
| **Hazard Assessments / Requirements:**  a) Hazard Identified  b) Assessment Performed  c) Mitigated | |  | |  | |
| Additional Personnel Protective Equipment Requirements Clearly Identified, Listed, Onsite And Available For Use | |  | |  | |
| Inspection And Testing Requirements Clearly Identified And Listed Including Hold And Witness Points | |  | |  | |
| QC forms inserted into package for required inspection and sign-off | |  | |  | |
| **Third Party Inspection And Testing:**  a) Available  b) Scheduled | |  | |  | |
| **Vendor Requirements:**  a) Required  b) Available  c) Scheduled | |  | |  | |
| **Surveyor For Tower / Vessel Alignment:**  a) Available  b) Scheduled | |  | |  | |
| **Scaffolding / Manlift Requirements:**  a) Identified  b) Available  c) Scheduled  d) Built (Scaffold Only) | |  | |  | |
| **All Required Drawings, Details And Specifications Included In Work Package:**  a) Foundation Details  b) Grout Details And Specifications  c) Special Requirements  d) Design Change Notices  e) Requires For Information  f) Inspection And Test Plan  g) Lessons Learned Suggestion Form | |  | |  | |
| Tower / Vessel Aligned, Inspected And Signed Off As Complete | |  | |  | |
| Rotating Equipment Preliminary Aligned, Inspected And Signed-Off As Complete | |  | |  | |
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| **Planner Name (print):** | **Planner Signature:** | | | | **Issue Date:** |
| **Superintendent Name (Print):** | **Superintendent Signature:** | | | | **Issue Date:** |
| **Work Foreman Name:** | **Work Foreman Signature:** | | | | **Work Start Date:** |
| **Work Foreman Name:** | **Work Foreman Signature:** | | | | **Work Completion Date:** |