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 Locatedb) Threads Not Damaged And Lubrication Appliedc) Latent’s Removedd) Shim Blocks Set To Height And Groutede) Base Top Prepped Ready For Grout | [ ]  [ ]  [ ] [ ]  [ ]  [ ] [ ]  [ ]  [ ] [ ]  [ ]  [ ] [ ]  [ ]  [ ]  |  |
| **Equipment Location:**a) Onsiteb) Laydown Areac) In Transit | [ ]  [ ]  [ ] [ ]  [ ]  [ ] [ ]  [ ]  [ ]  |  |
| **Equipment Type:**a) Staticb) Rotating | [ ]  [ ]  [ ] [ ]  [ ]  [ ]  |  |
| **Is CSA Approval / Inspection:**a) Requiredb) Scheduled | [ ]  [ ]  [ ] [ ]  [ ]  [ ]  |  |
| Lift Plan In Place And Ready For Use | [ ]  [ ]  [ ]  |  |
| **Engineered Rigging Study Required:**a) Completeb) Reviewedc) Authorized For Use | [ ]  [ ]  [ ] [ ]  [ ]  [ ] [ ]  [ ]  [ ]  |  |
| **Crane(s) To Support Work Package Activities:**a) Onsiteb) Availablec) Scheduled | [ ]  [ ]  [ ] [ ]  [ ]  [ ] [ ]  [ ]  [ ]  |  |
| Required Rigging And Accessories Onsite And Available To Support Work Packager Activities | [ ]  [ ]  [ ]  |  |
| **Area Where Crane To Be Set-Up:**a) Soils Report Availableb) Area Reviewed for Access And Obstructionsc) Matting Requiredd) Matting In Place | [ ]  [ ]  [ ] [ ]  [ ]  [ ] [ ]  [ ]  [ ] [ ]  [ ]  [ ]  |  |
| **Transportation Requirements For Equipment, Rigging, Tools Etc.:**a) Availableb) 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 Etcb) Equipment Operation; Manlift Etc.c) Otherd) 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 Identifiedb) Assessment Performedc) 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) Availableb) Scheduled | [ ]  [ ]  [ ] [ ]  [ ]  [ ]  |  |
| **Vendor Requirements:**a) Requiredb) Availablec) Scheduled | [ ]  [ ]  [ ] [ ]  [ ]  [ ] [ ]  [ ]  [ ]  |  |
| **Surveyor For Tower / Vessel Alignment:**a) Availableb) Scheduled | [ ]  [ ]  [ ] [ ]  [ ]  [ ]  |  |
| **Scaffolding / Manlift Requirements:**a) Identifiedb) Availablec) Scheduledd) Built (Scaffold Only) | [ ]  [ ]  [ ] [ ]  [ ]  [ ] [ ]  [ ]  [ ] [ ]  [ ]  [ ]  |  |
| **All Required Drawings, Details And Specifications Included In Work Package:**a) Foundation Detailsb) Grout Details And Specificationsc) Special Requirementsd) Design Change Noticese) Requires For Informationf) Inspection And Test Plang) Lessons Learned Suggestion Form | [ ]  [ ]  [ ] [ ]  [ ]  [ ] [ ]  [ ]  [ ] [ ]  [ ]  [ ] [ ]  [ ]  [ ] [ ]  [ ]  [ ] [ ]  [ ]  [ ] [ ]  [ ]  [ ]  |  |
| Tower / Vessel Aligned, Inspected And Signed Off As Complete | [ ]  [ ]  [ ]  |  |
| Rotating Equipment Preliminary Aligned, Inspected And Signed-Off As Complete | [ ]  [ ]  [ ]  |  |
|  | [ ]  [ ]  [ ]  |  |
|  | [ ]  [ ]  [ ]  |  |
|  | [ ]  [ ]  [ ]  |  |
| **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:**  |