



Lusail Real Estate Development Company

Health, Safety, Security, Environment, Logistics & Quality Department

Lusail Construction Safety Procedural Forms/Checklists – Mobile & Tower Crane Notification Form

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COMPANY PROPRIETARY INFORMATION

Prior to use, ensure this document is the most recent revision by checking the Master Document List. To request a change, submit a Document Change Request to the Document Control Representative. Master copy of this document will be maintained by the LREDC QA/QC Manager. Not controlled if printed.

Amendment Record

This document is reviewed to ensure its continuing relevance to the systems and process that it describes. A record of contextual additions or omissions is given below:

Rev .No	Description / Comments	Prepared By	Checked By	Approved By	Issue Date
1	(Pg. 1) Company Propriety Information – Not controlled if printed has been added.	HSE Working Group	Michael Ford	<i>[Signature]</i> Uwe Krueger	1 st April 2015
1	(Pg. 2) Revised Amendment Table	HSE Working Group	Michael Ford <i>Michael Ford</i>	<i>[Signature]</i> Uwe Krueger	1 st April 2015



New Notification Updated Notification Notification Date

NOTIFICATION TO LUSAIL HSE MUST BE MADE A MINIMUM OF THREE (3) BUSINESS DAYS PRIOR TO CRANE MOBILIZATION OR CONSTRUCTION OF TOWER CRANE FOUNDATION

CONTRACT/ PROJECT/ CONTRACTOR

Construction Package/ Contract #: _____

Project Site or Location: _____

Contractor Name: _____ Main: Subcontractor:

Project Manager: _____ Phone: _____

HSE Manager: _____ Phone: _____

MOBILE CRANE TO BE MOBILIZED (leave blank if not applicable)

Date of Mobilization onto Site: _____ Time: _____

Manufacturer: _____ Max. Load Capacity (tons): _____

Equipment/Plate# (if known): _____

Wheel Mounted: Track Mounted: Requires Onsite Erection: Yes: No:

Method of Communication between Operator & Rigger: _____

TOWER CRANE TO BE ERECTED (leave blank if not applicable)

Date of Foundation Construction: _____ Time: _____

Manufacturer: _____ Max. Load Capacity (tons): _____

Equipment/ Plate # (if known): _____

Type of Foundation: Cast in Place: Plate Weighted:

Design Engineer Name: _____

Will Crane be on Rails: Yes: No: Slewing Mast: Yes: No:

Trolley Boom: Luffing Boom: Max. Swing Radius (meters): _____

Will Crane Enter Swing Radius of other Crane(s): Yes: No:

Equipped with Anti-Collision System: Yes: No:

Method of Communication between Operator & Rigger: _____

AUTHORIZATIONS

Contractor shall provide Lusail with an "Updated Notification" should any of the above noted crane details differ from the actual crane mobilized/erected, post initial notification process.

Contractor agrees to abide by and comply with Lusail Crane, Hoist & Lift Procedures. Contractor agrees to provide a qualified Crane Operator and Rigger(s) equipped with an approved method of communication. Contractor agrees to perform all required internal and 3rd Party crane testing and inspections, as required:

HSE Manager (Sign): _____ Date: _____

Design Engineer (Sign): _____ Date: _____

Project Manager (Sign): _____ Date: _____