Facebook CLN Campus SUB CONTRACTOR RAMS/LIFT PLAN SUBMITTAL

1000.CLN5-G-FORM-0012 Rev 01



PACKAGE NO:	8000	PACKAGE TITLE:	CIVIL & LANDSCAPING	DATE ISSUED:	03-02-2020
COMPANY NAME		J. COFFEY	CONSTRUCTION		

This document must be on the front end of all method statements and lift plans prior to submitting onto Procore. Two Mace Managers must sign off on every RAMS or Lift Plan prior to works commencing.

Method Statement/ Lift Plan Number	Rev.	Description	Mace Manager to review	Status A or Status C	Comments
8000.CLN5-C-LP-8538	00	Using a Merlo P38.13 Teleporter	N. Schartel	A = AcceptableC = Unacceptable	Sackage Manager to fill in

Contractor's	
H&S Manager/AP:	

Signature: 🕔 Date:03-02-2020 PRINT NAME: NIALL BEGGAN

Responsible Person:

Signature: They o Date:03-02-2020 PRINT NAME: A FLOYD-DUNNE

Only apply Status A or C. Status C Method Statements or Lift Plans must be resubmitted.

Mace	One	
C.S.		
3 5		

Signature: 03.02.2020 PRINT NAME: 14:35 PM -

Mace Two

Signature: Date: PRINT NAME

Project Lifting Plan - Basic / Standard / Complex (Delete as applicable)

Contractor: - J COFFEY Package: 8000

1.

lifting Contractor: J COFFEY

Contractor Managing Lift: J COFFEY

2.

Date of Operation: From: 03-02-2020 To: 03-05-2020

Brief Scope of works: To use a MERLO P38.13 Teleporter in conjunction with the common schedule of lifts 8000.CLN5-HS-SCH-8001 REV 18

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3. Summary CV of the Appointed / Competent Person: -

Name: ADAM FLOYD-DUNNE

CPCS No; 00489815/1

Exp date; AUG 2021

CPCS CRANE APPOINTED PERSON / CPCS CRANE LIFT SUPERVISOR / CPCS MOBILE CRANES ALL DUTIES CPCS TOWER CRANES LUFFING AND SADDLE / CPCS LORRY LOADER / CPCS SLINGER/SIGNALLER CPCS PEDESTRIAN OPERATED TOWER CRANE

IPAF MEWPS FOR MANAGERS / WAH FOR MANAGERS L1 & L2

ALL CATEGORIES ON SOLAS CARD

WATER PASSPORT / SENTINEL CARD / D.L.R. / L.U.L. /



The authenticity of stric and can be citecked by selephoning: 0844-8157274
Registration Not: 00489815
PLANT OPERATOR
CATEGORES
Trisby 28 - Can Consulted
Lifting 10 - Cat Consulted
Lamy Lauder - Meak
Singerstigmater All Types - Static Dates
Mebile Grane - All Dates
Federation Operated Tower Grane - Inclined Ub.
Appainted France (Lifting Department)
Crane Supervisor (Lifting Operations)
Crane Supervisor (Lifting Operations)

This card is issued in accordance with the terms laid out in the CPCS Scheme Booklet



ADAM FLOYD DUNNE

Licence No OP/1653024 Assessed 11/02/2019 Expiry Date 29/02/2024

LEVEL: OPERATOR

Training Courses successfully completed for

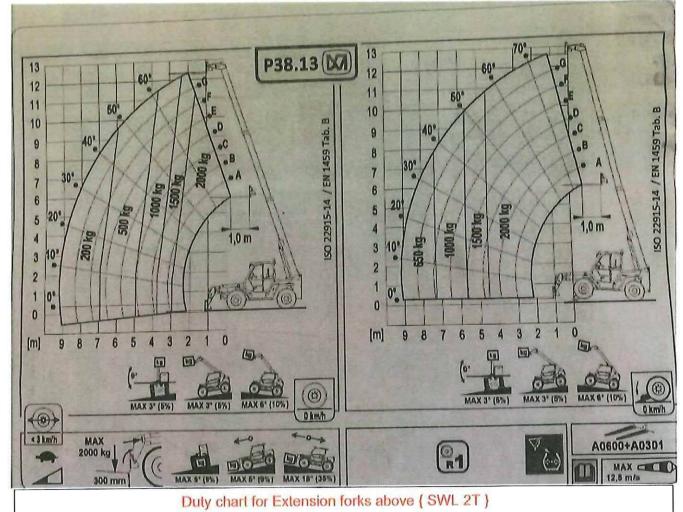
. Mewps For Managers (MM)

Name and training achievements of slinger/signallers:

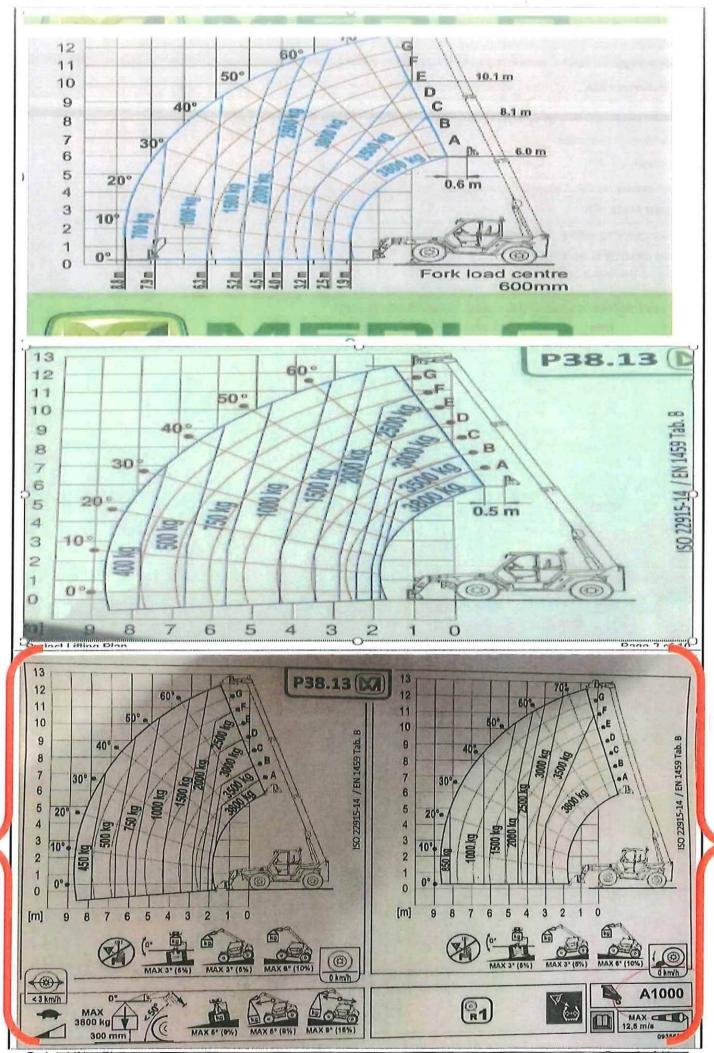
Name: All Banksman signed onto the briefing sheets in the lift plans

NB.

5. Description of Load; Various Items a. Weight	3,800 Kgs (max)
a. Weight b. Adjusted planned weight.	Machine Boom: 8.8m Teleporter to be utilized at 80% utilization unless agreed with A.P. and agreed SWL – Varies upon height & Radius
c. Characteristics	Various construction materials- Conject Ref ID 8000, CLN5-HS-SCH-8001
d. Method of Lifting	Refer to schedule of common lifts, ref no: - 8000.CLN5-HS-SCH-8001
e. Centre of gravity	C O G to be determined for all lifts by means of manufactures instructions, drawings or test lift by the slinger/signaler.
f. Lifting points / or method of slinging	Lifting Points to be determined by employing contractor. Method of slinging to be determined in advance of lifting operation. Rigging is to be carried out by qualified Slinger/Signaler on site



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7. Lifting Equipment to be used (i.e. crane, excavator, genie hoist e	tc.); Merlo P38.13	
a. Make: Merlo		
b. Model: P 38.13		
c. Registration no: N/A		
d. Maximum capacity:3,800kgs @ 2.5m Radius Stabilizers down, 700	kgs @ 8.8m Radius Stabili	izers down
e. Counterweight: Integrated		
f. boom lengths: 8.8m		
g. Fly jib / extension: N/A HOOK ATTACHMENT BEFT	A 1000	
h. Outrigger loads: N/A		
i. Maximum working radius: See spec sheet		
j. Rated capacity at working radii: 400 kgs @ 8.8m Radius Stabilizers up		
8. Lifting accessories to be used (i.e. chains, slings, shackles, etc.)		
Serial no. Item: All certs in J. Coffey's Office	S.W.L.	Exp. Date:
See Schedule of Common Lifts Ref: - 8000-CLN5-HS-SC	CH-8001 2018	/

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		Y/N	Details: (continue on separate sheet if necessary)
a.	O/H power lines:	Y	6m to be kept from power lines on poles and 10m to be kept from power lines on pylons at all times as per ESB Code of Practice
b.	Railways:	N	
c.	Proximity to buildings:	Υ	600mm of clearance to be kept from all buildings. If not, hard barriers to be used to prevent access by site personnel.
d.	Proximity to boundaries:	Υ	Machine not to slew outside designated boundaries without prior approval of area foreman / site supervisor.
e.	U/G Services/drains/cellars:	Y	Machine set up location to be inspected prior to wheeled excavator being set up. All underground services to be made known to J.Coffey site supervisors / crane A. P
f.	Other lifting/plant:	Y	All other lifting plant in the area to be made aware of the slew radius of the machine.
g.	Other – specify:	Y	Extreme caution to be taken when working in close proximity to MEWPs

10. Existing ground conditions / conditions required - what measures will be taken to make safe (i.e. pads/plates etc.):

All working areas to be inspected prior to work

11.

Are any temporary works involved in the lift?

Y/N

3^{rd.} party check complete?

Y/N

If yes, please specify:

12. Sketch showing position of Teleporter /load before, during and after lift, and interface with other plant / cranes including distance of other buildings / plant.

Aerial photo of CLN 5/6 everywhere within the blue lines



[Site wide use everywhere within the blue lines marked on the photo]

Exclusion zones to be in place in the excavator working area								
14. How will the suspended load be controlled (e.g. tag lines etc.):								
Tag Lines will	be used at the discretion o	of the sling	jer signaler.					
Tag lines to be	of a suitable length, not to	o long as	to cause a haz	zard and	not too s	short to be	e ine	fective.
load's swinging a load that is n becoming entr	g. NEVER step into a loop ot resting completely on the apped or constricted.	in the tag ne ground	line, and NEV , and ALWAY	ER positi S releaso	on yours the tagl	self anyw line if you	here mus	r body as a way of stopping a between an immovable object and st in order to prevent yourself from eep the loads under control at all
15. Crane rigg	ging requirements (i.e. la	y down a	rea, slave cra	ine, grou	nd prep	o):		
N/A					/			
16. Access / Eg	gress (Lifting Equipment	, associa	ted vehicles	etc.):				
Access roads a	and routes to be followed a	it all times	3.				_	
17. Wind spec	ed monitoring?	N						
Crane's own	anemometer:	N				· · · · · · · · · · · · · · · · · · ·		
Other (please	specify):	N						
Max safe wind	l for lift taking account le	oad chara	acteristics & r	nanufac	turers re	ecomme	ndati	ons:
Average:		m/s:	M\S 9.8		mph:			
Gust:		m/s:	M\S 9.8		mph:			
Adverse Weatl	ner Conditions							
18. What type	of lift is involved?	Y/N Standard lift as categorized in in <i>I.S.</i> 360:2004 Code of Practice: Safe Use of Cranes in the Construction Industry						
Open:		Y	Blind:					
Please descri	be signaling system:							
Hand signals t	o be used as per in I.S. 36	60:2004 C	ode of Practice:	Safe Use	of Cranes	s in the Co	nstru	ction Industry
19. What type required?	of communication is	Y/N						
Radio:		N	Licensed:			NV	\	
Visual:		Υ						
20. What is do	ocument reference numb	er for the	e operation?			S	tatus	
	Reference number:					А	()
Risk Assessment:	Attached to all MS assoc	lated with	works.					
Method Statement:	8000-CLN5-C-MS-8001 8000.CLN5-C-MS-8002 8000.CLN5-C-MS-8003					AAA		
21.				Y/N				
Has the daily Checklist been completed before been used? If answered no stop all work and report to site supervisor/ Appointed Person.				YES	To be o		d on	site daily prior to work
22.				Y/N	MOBILE ONLY - NOT TOWER CRANES			
22. Is the operation a multiple crane lift?:				N	If yes, then submit details in accordance with in <i>I.S.</i> 360:2004 Code of Practice: Safe Use of Cranes in the Construction Industry			

13. What demarcation of the lifting area will be used and how will access be controlled:

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Appointed Person Contact Number	ADAM FLOYD-DUNNE 00353 87 455 0148	Sign Blind	Date 03-02-2020
Crane Supervisor Contact Number	ADAM FLOYD-DUNNE 087-455-0148	Sign Durch	Date
Mace Manager Contact Number	NEIL CRITCHLEY 087-167-9563	Sign	Date 03.02.2020

Appointed Person: Name: A FLOYD-DUNNE Signature: Blyd-June Date: 03-02-2020	Lifting supervisor: Name: A FLOYD-DUNNE Signature: Hyd - June Date: 03-02-2020
Name: A FLOYD-DUNNE	Name: A FLOYD-DUNNE
Signature: Bligd-/v-ne	Signature: Thyd-1)une
Date: 03-02-2020	Date: 03-02-2020

DECLARATION OF COMPLIANCE TO LIFT PLAN CONSULTATION/COMMENT/AOB

I HAVE HAD THE LIFT PLAN REF 8000.CLN5-C-LP-8538 REV 00

EXPLAINED TO ME AND I FULLY UNDERSTAND THE CONTENTS/CONSTRAINTS

My signature below certifies that I understand and agree to comply with the specified requirements and control measures as set out in this method statement document.

NAME	SIGNATURE	COMPANY NAME	DATE
			To the state of th
No.			

BR	E	FE	ΞD	BY

PRINT NAME

SIGNATURE AND DATE