

Appendix - 6

Department:	CONSTRUCTION	Number: PCM-CP-000X-6
Subject:	FIWP EQUIPMENT SETTING CHECKLIST	Revision: A

FIWP ID Number:		Date Prepared:		
FIWP Description:				
ITEM DESCRIPTION	YES	NO	N/A	COMMENTS
Foundation Complete Ready For Equipment:				
a) Anchor Bolts Checked And Correctly Located	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b) Threads Not Damaged And Lubrication Applied	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c) Latent's Removed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d) Shim Blocks Set To Height And Grouted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e) Base Top Prepped Ready For Grout	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Equipment Location:				
a) Onsite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b) Laydown Area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c) In Transit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Equipment Type:				
a) Static	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b) Rotating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is CSA Approval / Inspection:				
a) Required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b) Scheduled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lift Plan In Place And Ready For Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Engineered Rigging Study Required:				
a) Complete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b) Reviewed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c) Authorized For Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Crane(s) To Support Work Package Activities:				
a) Onsite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b) Available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c) Scheduled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Required Rigging And Accessories Onsite And Available To Support Work Packager Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Area Where Crane To Be Set-Up:				
a) Soils Report Available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b) Area Reviewed for Access And Obstructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c) Matting Required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d) Matting In Place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Transportation Requirements For Equipment, Rigging, Tools Etc.:				
a) Available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b) Scheduled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Material Requisitions Complete Ready To Be Submitted For Work Package	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Materials In Warehouse Bagged And Tagged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Special Training / Qualification Requirements:				

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a) Safety; SCABA, High Level Rescue Etc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b) Equipment Operation; Manlift Etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c) Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d) Training Complete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Permit Requests Complete Ready To Be Submitted For Work Package	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Safety Items And Concerns Clearly Identified, Listed And Addressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hazard Assessments / Requirements:				
a) Hazard Identified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b) Assessment Performed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c) Mitigated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Additional Personnel Protective Equipment Requirements Clearly Identified, Listed, Onsite And Available For Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Inspection And Testing Requirements Clearly Identified And Listed Including Hold And Witness Points	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
QC forms inserted into package for required inspection and sign-off	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Third Party Inspection And Testing:				
a) Available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b) Scheduled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vendor Requirements:				
a) Required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b) Available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c) Scheduled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Surveyor For Tower / Vessel Alignment:				
a) Available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b) Scheduled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Scaffolding / Manlift Requirements:				
a) Identified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b) Available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c) Scheduled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d) Built (Scaffold Only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All Required Drawings, Details And Specifications Included In Work Package:				
a) Foundation Details	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b) Grout Details And Specifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c) Special Requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d) Design Change Notices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e) Requires For Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f) Inspection And Test Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
g) Lessons Learned Suggestion Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tower / Vessel Aligned, Inspected And Signed Off As Complete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Rotating Equipment Preliminary Aligned, Inspected And Signed-Off As Complete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

		MAJOR PROJECTS
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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:	