

Site Specific Steel Erection Plan and Checklist

Job Name: _____

Job Number: _____ Date: _____

Erector: _____ Project Eng. _____

Sheeter: _____ Qualified Person: _____

Anchor Bolt Cont.: _____ Fabricator: _____

Crane Optr: _____ Qualified Rigger: _____

Scope of Work

| | | | |
|-------------------------------|--------------------------|---------------|------------|
| Pre-Engineered Metal Building | <input type="checkbox"/> | Sq. Ft. _____ | Tons _____ |
| Conventional Steel Building | <input type="checkbox"/> | Sq. Ft. _____ | Tons _____ |
| Roofing | <input type="checkbox"/> | Sq. Ft. _____ | Tons _____ |
| Siding | <input type="checkbox"/> | Sq. Ft. _____ | Tons _____ |
| Decking | <input type="checkbox"/> | Sq. Ft. _____ | Tons _____ |
| Miscellaneous Steel | <input type="checkbox"/> | Sq. Ft. _____ | Tons _____ |
| General Miscellaneous | <input type="checkbox"/> | Sq. Ft. _____ | Tons _____ |

General Description of Work: _____

Footings, Piers, Walls and Anchor Bolts

1. Has concrete reached 75% of sufficient strength? Yes No
2. Proof of Strength:
 - a. ASTM test method results Yes No
 - b. Engineer verification Yes No
3. Were anchor bolts repaired, replaced or modified? Yes No
4. Was erector notified in writing? Yes No

Notification of Commencement of Steel Erection

1. Was written notification given to the erector? Yes No

Site Layout

1. Has controlling contractor provided adequate access to site? Yes No
2. Is laydown area firm, properly graded, well drained and accessible? Yes No

Pre-Construction Site Conference

Has a Pre-Construction Site Conference been held?

Yes No

Please list those attending

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Sequence of Erection Activity

1. Give a general sequence of erection activities: _____

2. Material delivery date: _____

3. How will activities be coordinated with other trades? _____

Cranes

1. Crane Type: _____

2. Crane Brand: _____

3. Crane Capacity: _____

4. How is the site prepared for the crane? _____

5. How many different locations will the crane have and where are they? _____

6. What is the path for overhead loads? _____

7. How will employees be notified of overhead loads? _____

8. Are there any critical lifts? (75% of capacity or dual crane) Yes No

a. How many? _____

9. Describe critical lifts: _____

10. Are lift permits attached for critical lifts? Yes No

11. Are lift permits attached for all lifts over 5,000 lbs.? Yes No

Steel Erection Activities / Procedures (give a description of the following items and how they will be performed)

- 1. Temporary Bracing / Guying _____

- 2. Repair, Replacement or Modification of Anchor Bolts: _____

- 3. Columns / Beams (Joists or Purlins): _____

- 4. Connections: _____

- 5. Decking: _____

- 6. Roofing: _____

- 7. Siding: _____

- 8. Steel Grating: _____

- 9. Handrail or Miscellaneous Iron: _____

Fall Protection (Please identify the Fall Protection procedures for the following tasks):

- 1. Erection of vertical structural members
 - JLG Lift / Tie-Off
 - Scissor Lift / Guardrails
 - Vertical Lifeline / Harness and Lanyard
 - Retractable Lanyard / Harness
 - Other – Explain _____
- 2. Erection Horizontal Structural Members
 - JLG Lift / Tie-Off
 - Scissor Lift / Guardrails
 - Vertical Lifeline / Harness and Lanyard
 - Retractable Lanyard / Harness
 - Other – Explain _____

- | | |
|--|---|
| 3. Installation of Siding & Associated Insulation | <input type="checkbox"/> JLG Lift / Tie-Off <input type="checkbox"/> Scissor Lift / Guardrails <input type="checkbox"/> Vertical Lifeline / Harness and Lanyard <input type="checkbox"/> Retractable Lanyard / Harness <input type="checkbox"/> Other – Explain _____ |
| 4. Installation of Roofing & Associated Insulation | <input type="checkbox"/> JLG Lift / Tie-Off <input type="checkbox"/> Scissor Lift / Guardrails <input type="checkbox"/> Vertical Lifeline / Harness and Lanyard <input type="checkbox"/> Retractable Lanyard / Harness <input type="checkbox"/> Other – Explain _____ |
| 5. Installation of Decking | <input type="checkbox"/> JLG Lift / Tie-Off <input type="checkbox"/> Scissor Lift / Guardrails <input type="checkbox"/> Vertical Lifeline / Harness and Lanyard <input type="checkbox"/> Retractable Lanyard / Harness <input type="checkbox"/> Other – Explain _____ |
| 6. Unprotected Sides / Edges | <input type="checkbox"/> JLG Lift / Tie-Off <input type="checkbox"/> Scissor Lift / Guardrails <input type="checkbox"/> Vertical Lifeline / Harness and Lanyard <input type="checkbox"/> Retractable Lanyard / Harness <input type="checkbox"/> Other – Explain _____ |
| 7. Leading Edges | <input type="checkbox"/> JLG Lift / Tie-Off <input type="checkbox"/> Scissor Lift / Guardrails <input type="checkbox"/> Vertical Lifeline / Harness and Lanyard <input type="checkbox"/> Retractable Lanyard / Harness <input type="checkbox"/> Other – Explain _____ |
| 8. Holes | <input type="checkbox"/> JLG Lift / Tie-Off <input type="checkbox"/> Scissor Lift / Guardrails <input type="checkbox"/> Vertical Lifeline / Harness and Lanyard <input type="checkbox"/> Retractable Lanyard / Harness <input type="checkbox"/> Other – Explain _____ |
| 9. Wall Opening | <input type="checkbox"/> JLG Lift / Tie-Off <input type="checkbox"/> Scissor Lift / Guardrails <input type="checkbox"/> Vertical Lifeline / Harness and Lanyard <input type="checkbox"/> Retractable Lanyard / Harness <input type="checkbox"/> Other – Explain _____ |
| 10. Has fall protection training been documented? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. Is a competent person on-site at all times? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 12. Were fall protection systems designed by a Qualified Person? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Falling Object Protection

1. Method for securing loose items aloft: _____

- | | |
|--|--|
| 2. Are all personnel wearing hardhats? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Are erection areas properly barricaded? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Hazardous Non-Routine Tasks

- 1. Are Job Safety Analyses performed on all non-routine hazardous tasks? Yes No
- 2. Attach JSA's.

Training Certification

- 1. Are all personnel properly trained for performing steel erection activities? Yes No
- 2. Are all personnel properly trained for the use of fall protection systems? Yes No
- 3. Attach documentation of training.

List of Qualified and Competent Persons

- 1. Qualified Person for site specific erection plan: _____
- 2. Qualified Person for fall protection system design: _____
- 3. Qualified Rigger: _____
- 4. Crane Operator: _____
- 5. Crane Inspector: _____
- 6. Fall Protection Competent Person: _____

Emergency Rescue Procedures

- | | | |
|---------------------------------------|--|------------------------------------|
| <input type="checkbox"/> Self-Rescue | <input type="checkbox"/> Emergency Response Team | <input type="checkbox"/> Manbasket |
| <input type="checkbox"/> Stair Tower | <input type="checkbox"/> 1 st Aid Trained Personnel | <input type="checkbox"/> Hoists |
| <input type="checkbox"/> Aerial Lifts | <input type="checkbox"/> Other | |

Comments: _____

Completed By: _____ Date: _____

Reviewed By: _____ Date: _____