Crane Information Form for Underrunning (Single Girder) Crane(s)

Print Form

For instructions and guidance on how to fill out the the Crane Information Form, click here: https://portal.navfac.navy.mil/pls/portal/docs/PAGE/NAVFAC/NAVFAC_WW_PP/NAVFAC_NCC_PP/FILE2/NCCForm08-003Instructions.PDF *or contact the Navy Crane Center.*

Date _____

1. POINTS OF CONTACT

1A. Project Manager	1B. End User	1C. Certifying Official	1D. Facility Engineer
Name	Name	Name	Name
Activity	Activity	Activity	Activity
Phone	Phone	Phone	Phone
Email	Email	Email	Email

2. LOCATION

2A. Crane Location Information	2B. Building Information
Activity	Project Name
Activity UIC# Activity DODAAC #	Building Name / #
2C. Crane Installation Information	Room, Area, or Bay for Crane New Building?
Desired Date For Crane Operation	

3. CRANE / RUNWAY CAPACITY

3A. Crane Hoist/Trolley Capacity _____ lbs

3B. Is more than one trolley desired on the same bridge/runway? If Desired, Maximum Load for "Trolley A" _____ lbs

If Desired, Maximum Load for "Trolley B" _____ lbs

3C. Are there any additional cranes on this runway? Are there plans to remove or add additional cranes?

Please describe plans for additional cranes, if applicable:

4. QUANTITY/TYPE OF CRANE

4A. Number of Identical Cranes Required ___

4B. Hoist Type:

1. Lifting Means: ☐ Chain ☐ Wire Rope
2. Hoist Power Source: ☐ Electric ☐ Pneumatic ☐ Manual (Chain Only)

4C. Bridge Type:

1. Runway Type: ☐ Monorail ☐ Jib Crane ☐ Bridge Crane
2. Bridge Power Source: ☐ Electric ☐ Manual (Chain Sprocket)

4D. Trolley Type:

Trolley Power Source: ☐ Electric ☐ Pneumatic ☐ Manual (Chain Sprocket) ☐ Manual (Pull)

5. CRANE SERVICE AND ENVIRONMENT

5A. What service of work is the crane intended for (SPS or GPS) ? _____

5B. Class of Service

What is the required CMAA #74 / ASME HST Class of Service? _____

If class of service is unknown, please provide the number of estimated main hoist lifts for the following cases:

Full load lifts in 8 hour shift ____ 50% full load lifts in 8 hour shift ____

75% full load lifts in 8 hour shift ____ 25% full load lifts in 8 hour shift ____ Total # of main hoist lifts per 24 hour period ____

5C. Please provide a brief explanantion of the lifting operations to be performed by this crane:

5D. Operating Environment

1. Classification:

☐ Non-Hazardous ☐ Hazardous ☐ Corrosive ☐ Dusty ☐ Other: _____

2. If area is hazardous, please address the following (if known):

NEC Class: _____ Division: _____ Group: _____ If multiple hazardous areas are present please check here: ☐

a. Height above floor that hazardous protection is required? _____ Ft

b. Spark resistant construction required (for mechanical components)? _____

c. Will the crane be doing either of the following: ☐ Hot (Molten) Metal Service ☐ Ordinance/Explosive Handling Service

3. Is captivation required? _____ If yes, please provide a brief explanation:

4. Will occasional oil or grease drips be objectionable to the point of requiring the added expense of oil/grease tight gear cases or drip pans (containment) ? _____

If yes, please provide a brief explanation:

5. Where will the crane operate: ☐ Indoors ☐ Outdoors ☐ Both

6. What are the ambient operating temperatures for the crane?

High Temperature: ____ °F Low Temperature: ____ °F

7. If any further operating environment considerations are necessary please explain:

6. CRANE CONTROLS

6A. Methods of Crane Control

1. Primary method of crane control: ☐ Floor (Pendant) ☐ Radio ☐ Infrared ☐ Wall ☐ Other: _____

2. Are secondary crane controls required? _____ If yes, which type:

☐ Floor (Pendant) ☐ Radio ☐ Infrared ☐ Wall ☐ Other: _____

6B. Pendant Controls If the crane has pendant controls please answer the questions in this section.

1. Please indicate all options that apply to the pendant controls on this crane:

☐ Lockable ☐ Detachable ☐ Retractable ☐ Indicator Lights on Pendant

2. Pendant control movement (choose one) : ☐ Separate Messenger Track ☐ Suspended from Trolley

6C. Radio Controls If the crane has radio controls please answer the questions in this section.

1. Please indicate the type of controllers to be used for the radio controls on this crane:

☐ Pushbutton Type Controls ☐ Joystick Type Controls

2. Frequency range (if known): _____ ☐ Licensed (FCC Part 90) ☐ Unlicensed (FCC Part 15)

6D. If any further crane control considerations are necessary please explain:

7. CRANE SPEED

7A. Please provide information on the desired speed ranges for the crane. Contact Navy Crane Center if assistance is required.

1. Bridge max speed: ___ Ft/Min Bridge min speed: ___ Ft/Min
2. Trolley max speed: ___ Ft/Min Trolley min speed: ___ Ft/Min
3. Main Hoist max speed: ___ Ft/Min Main Hoist min speed: ___ Ft/Min

7B. Is a slow speed selector switch required for precise positioning? _____

8. CRANE ELECTRICAL DESIGN

8A. Crane Electrification

1. Please indicate who will be supplying crane runway conductors:

☐ Existing ☐ Crane Contractor ☐ Building Contractor

2. Please indicate if there is a preference for runway electrification to be provided:

☐ Festoon ☐ Conductor Bar ☐ No Preference

3. If the crane runway conductors are existing or building contractor supplied, please provide the following:

Crane runway type: _____ Crane runway size: _____ A Crane runway manufacturer's model #: _____

4. What is the rating and voltage of the branch circuit supplying the crane?

Voltage: _____ V Current: _____ A

5. What is the location of the existing electrical disconnect switch/circuit breaker? _____

8B. Electrical Control

If there is an electric power source, indicate the type of electrical control desired for the crane's motors.

1. Main Hoist: ☐ Inverter (Speed Points) ☐ Inverter (Infinitely Variable) ☐ Single Speed ☐ Two Speed
2. Trolley: ☐ Inverter (Speed Points) ☐ Inverter (Infinitely Variable) ☐ Single Speed ☐ Two Speed
3. Bridge: ☐ Inverter (Speed Points) ☐ Inverter (Infinitely Variable) ☐ Single Speed ☐ Two Speed

8C. Will indicator lights (power available, power on, faults, etc.) be required to be mounted on the crane/bridge? ____

8D. Inverter Control

1. For inverter controls with speed points, please indicate the number of speed points (steps) for each function:

Main Hoist : ___ Auxiliary Hoist : ___ Trolley : ___ Bridge : ___

2. Is a data logger desired to record faults? ____

8E. Is electromagnetic interference (EMI) suppression required? ____

9. SAFETY

9A. Capacity Overload Protection

1. Please indicate which of the following the crane shall be equipped with to prevent overloading the crane's capacity:

☐ Overload Warning ☐ Overload Lockout ☐ No Overload Protection

2. Please indicate percentage of full capacity where overload protection shall be set: ____

9B. Are anti-collision interlocks required? ____

9C. Please indicate which warning devices are required (at least one required for cab or remote operated cranes):

☐ Horn ☐ Bell ☐ Siren ☐ Rotating Beacon ☐ Strobe Light ☐ Other: _____

9D. Travel Limitations

1. Are travel limits required? ____

2. Will the crane cross over to another runway? ____ Will the trolley cross over to another crane bridge? ____

3. Will the crane pass through doors? ____

10. OTHER CRANE CONSIDERATIONS

10A. Cranes are typically painted bright yellow. If special painting is required, check here and explain below. ☐

10B. Who will provide the certified test weights and rigging gear for acceptance testing of the crane:

☐ Government ☐ Crane Contractor

10C. Indicate below how many hard copies of the operation and maintenance manuals and drawings are required:

Number of hard copies of manuals ___ Number of hard copies of drawings ___

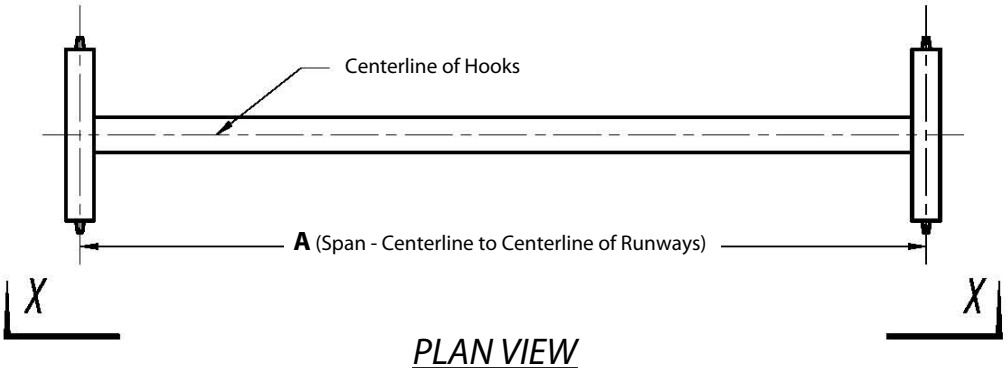
10D. Is operational and maintenance training required for this crane? ____

10E. Please use the space below to expand on any answer to the above questions or to provide any other information that is considered important to the crane procurement:

OVER HEAD CRANE CLEARANCE WORKSHEET

Indicate Compass Directions

- *TOP RUNNING SINGLE GIRDER CRANE* ◯ *NEW* ◯ *EXISTING*
- *UNDER RUNNING SINGLE GIRDER CRANE* ◯ *NEW* ◯ *EXISTING*
- *RUNWAY SYSTEM* ◯ *NEW* ◯ *EXISTING*



PLAN VIEW

A: _____

B: _____ min.

C: _____

D: _____

E: _____ max.

F: _____ max.

G: _____

H: _____ ref.

I: _____

J: _____

K: _____ (smallest)

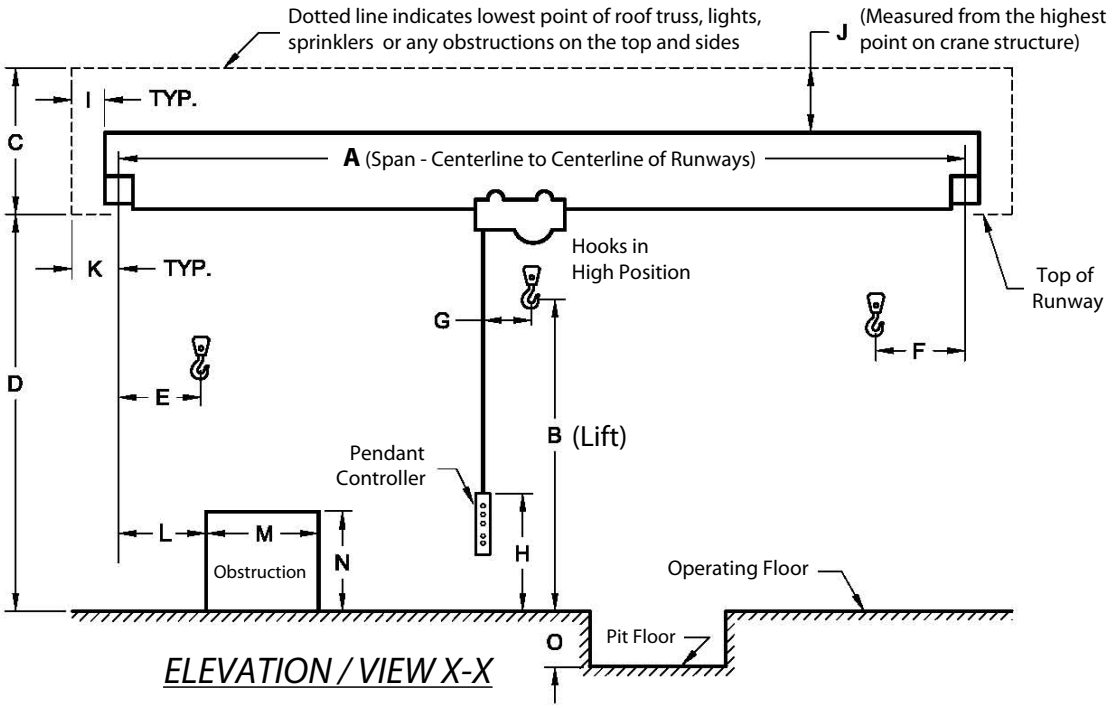
L: _____

M: _____

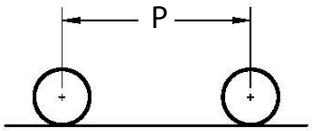
N: _____

O: _____

P: _____



ELEVATION / VIEW X-X



EXISTING CRANE'S WHEEL SPACING

TOP RUNNING CRANE

- RAIL SIZE: _____ lbs./yard -

- MAXIMUM ALLOWABLE WHEEL LOAD, EXCLUDING IMPACT: _____ lbs

UNDER RUNNING CRANE

- RUNWAY TYPE: _____

- MAXIMUM ALLOWABLE LOAD AT RUNWAY TRACK BEAM SUPPORT POINT, EXCLUDING IMPACT: _____ lbs

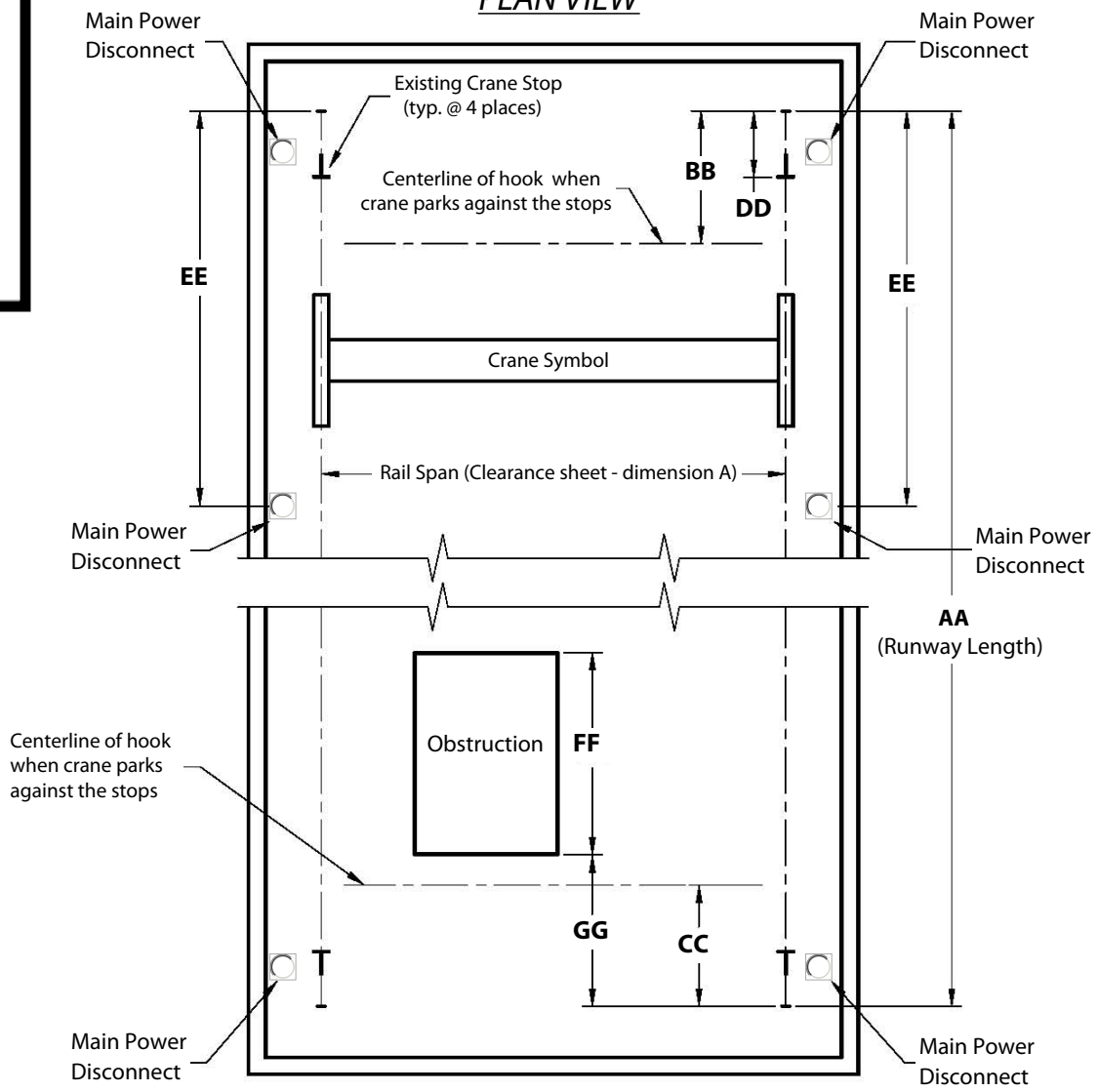
NOTE(S): _____

_____

OVER HEAD CRANE BUILDING WORKSHEET

Indicate Compass Directions

PLAN VIEW



AA: _____

BB: _____ max.

CC: _____ max.

DD: _____ max.

EE: _____ ref.

FF: _____ ref.

GG: _____ ref.

CRANE ELECTRIFICATION

Voltage: _____ VAC

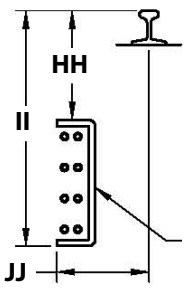
Power: _____ AMP

Frequency: _____ Hz

Phase: _____

EXISTING RUNWAY CONDUCTOR CONFIGURATION

○ Vertical



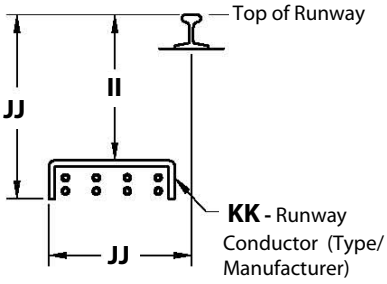
HH: _____

II: _____

JJ: _____

KK: _____

○ Horizontal



NOTE(S): _____

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