

Pre-Lift Plan

Project: _____ Date of Lift: _____ (mm/dd/yyyy)
 DESCRIPTION OF LIFT: _____

Submit the following information prior to lift for review:

1. Lift plan submittal with drawings
2. Engineering calculations and spreadbar/lifting beams (when applicable)
3. Crane Maintenance and inspection record (Most recent monthly/daily inspection)
4. Cranes complete load chart for boom length, counterweights and configuration of the planned lift
5. Certificate of insurance for the crane
6. Crane setup/configuration
7. Type and size of cribbing or mats
8. Communication with the operator
9. Type of swing radius protection

PRE-LIFT REQUIREMENTS

(All questions must be answered CHECKED)

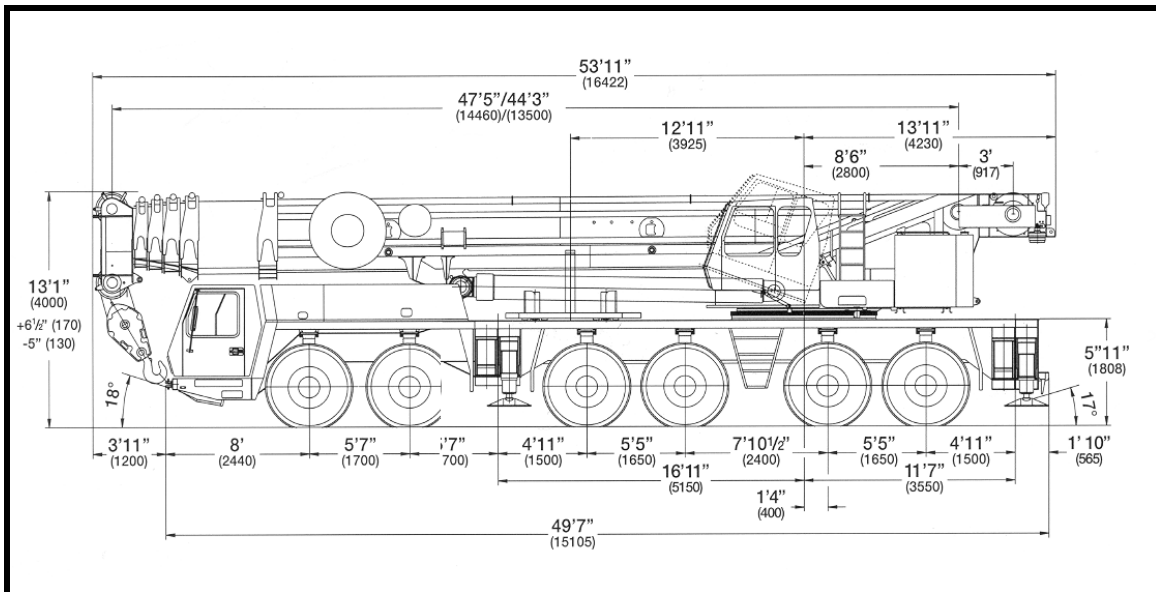
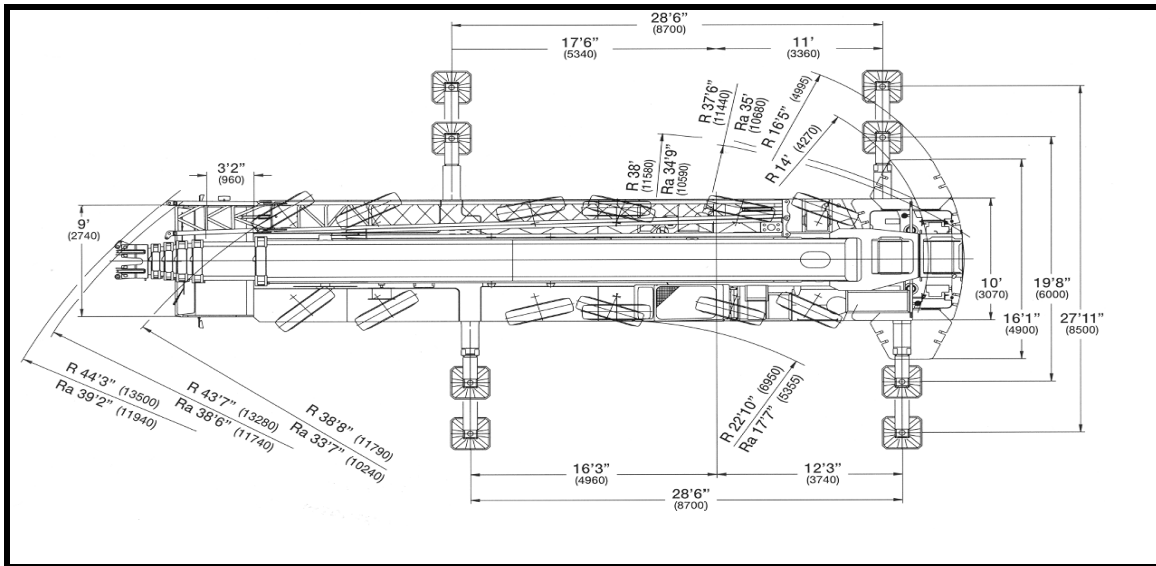
- | | |
|-----|---|
| YES | 1. Load chart utilized is for the exact crane model: Boom Type, Length and Tip: Counterweight? |
| YES | 2. Operator certifications/training provided prior to lift? |
| YES | 3. Competent person in charge of lift? Name: _____ |
| YES | 4. Pre-lift meeting with crew? |
| YES | 5. Pre-planning for radio or hand signal communication? |
| YES | 6. Load radius has been measured with a tape measure? |
| YES | 7. Wind speed does not exceed manufacturer recommendations? |
| YES | 8. Anti-two block in place? |
| YES | 9. Non-conductive tag lines must be long enough, tied to the load, and in good condition – loose end controlled by designated person? |
| YES | 10. Operating locations are far enough away from the shoring, excavations, and trenches to eliminate risk or collapse? |

THACKRAY CRANE RENTAL, INC

HYDRAULIC TRUCK CRANE RENTALS . IMMEDIATE SERVICE

GMK6220

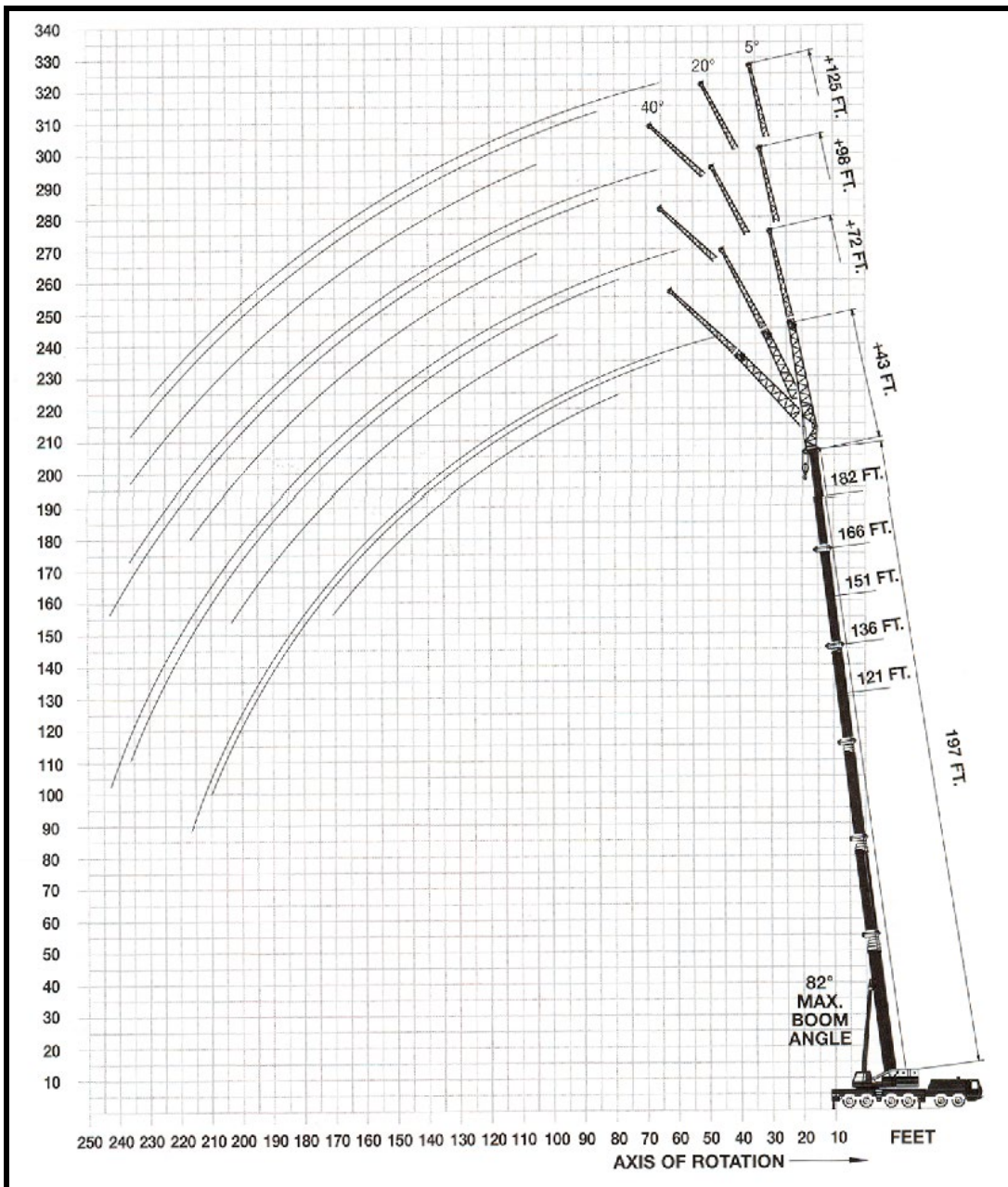
(220 Ton)










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197 ft. (60.0)	43-72-98-125 ft (13-22-30-38 m)	94,700 lbs (43,000 kg)	100% 27'11" Spread	360°
	 Pounds			JIB RATINGS

43ft				72ft				98ft				125ft			
Feet	5'	20'	40'	Feet	5'	20'	40'	Feet	5'	20'	40'	Feet	5'	20'	40'
40	18.6			40				40				40			
45	18.6			45				45				45			
50	18.4			50				50				50			
55	18.4	18.6		55	12.2			55				55			
60	18.4	18.6		60	12.2			60	9.2			60	6.4		
65	18.2	18.4		65	12.2			65	9.2			65	6.4		
70	18.2	18.4	18.0	70	12.2			70	9.2			70	6.4		
75	18.2	18.4	18.0	75	12.2	11.0		75	9.2			75	6.4		
80	18.2	18.4	18.0	80	12.2	10.8		80	9.2			80	6.4		
85	18.0	18.2	18.0	85	12.2	10.8		85	9.2			85	6.4		
90	17.6	18.0	18.0	90	12.2	10.8		90	9.2	9.2		90	6.4	6.4	
95	17.4	17.8	18.0	95	12.0	10.6	10.0	95	9.2	9.2		95	6.4	6.4	
100	17.0	17.4	18.0	100	12.0	10.6	10.0	100	9.2	9.2	7.8	100	6.4	6.4	
105	16.6	17.0	17.4	105	12.0	10.6	10.0	105	9.2	9.2	7.8	105	6.4	6.4	6.4
110	16.2	16.6	16.6	110	11.8	10.4	10.0	110	9.2	9.2	7.8	110	6.4	6.4	6.4
115	15.6	15.8	16.0	115	11.8	10.4	9.8	115	9.2	9.0	7.8	115	6.4	6.4	6.4
120	14.6	15.0	15.2	120	11.6	10.4	9.8	120	9.2	8.8	7.8	120	6.4	6.4	6.4
125	13.8	14.0	14.4	125	11.6	10.4	9.8	125	9.2	8.6	7.8	125	6.4	6.2	6.2
130	13.0	13.2	13.8	130	11.6	10.4	9.6	130	9.2	8.6	7.8	130	6.4	6.2	6.2
135	12.4	12.6	13.0	135	11.4	10.2	9.6	135	9.0	8.4	7.8	135	6.4	6.0	6.0
140	11.6	12.0	12.4	140	11.0	10.2	9.6	140	8.8	8.2	7.8	140	6.2	6.0	5.8
145	11.0	11.2	11.8	145	10.4	10.0	9.4	145	8.6	8.0	7.6	145	6.2	5.8	5.8
150	10.4	10.6	11.0	150	10.0	9.8	9.4	150	8.4	8.0	7.6	150	6.0	5.8	5.6
155	9.6	10.0	10.4	155	9.4	9.6	9.4	155	8.0	7.8	7.4	155	5.8	5.6	5.6
160	8.6	9.0	9.4	160	9.0	9.2	9.2	160	7.8	7.6	7.4	160	5.8	5.4	5.4
165	7.6	8.2	8.4	165	8.6	9.0	9.2	165	7.6	7.4	7.2	165	5.6	5.4	5.2
170	6.8	7.2	7.4	170	8.0	8.6	8.8	170	7.2	7.2	7.0	170	5.4	5.2	5.2
175	6.0	6.4		175	7.6	8.0	8.4	175	6.8	6.8	6.8	175	5.2	5.2	5.0
180	5.2	5.6		180	6.8	7.6	8.0	180	6.6	6.6	6.8	180	5.0	5.0	5.0
185	4.4	4.8		185	6.8	7.0	7.6	185	6.2	6.4	6.6	185	5.0	5.0	4.8
190	3.8	4.0		190	5.4	6.2	6.8	190	5.6	6.0	6.4	190	4.8	4.8	4.8
195	3.2	3.4		195	4.8	5.4	6.0	195	4.8	5.8	6.2	195	4.6	4.6	4.6
200	2.6	2.8		200	4.2	4.8	5.2	200	4.2	5.0	5.8	200	4.2	4.4	4.6
205				205	3.6	4.2		205	3.6	4.4	5.0	205	3.6	4.2	4.4
210				210	3.0	3.6		210	3.2	3.8	4.4	210	3.0	4.0	4.2
215				215	2.4	3.0		215	2.6	3.2	3.6	215	2.6	3.4	4.0
220				220		2.4		220		2.6		220		2.8	3.4
225				225				225		2.2		225		2.2	2.8
								230				230			2.2



Atlantic Crane Inspection Services
 2100 Byberry Rd
 Philadelphia PA 19116
 Office: (215) 639-2579
 Fax: (215) 639-2316

**Certificate Of Unit Test And/Or Examination On Crane,
 Derrick Or Other Material Handling Device.**

Certificate Number: 19050402MH Unit Number: TC132
 Company Name: Thackray Crane Rental
 Address: Phila, PA

Device: Crane Derrick Other

Location: A) Remains at Worksite B) Changes Worksite C) on Barge
 (If A or C Describe) Yard in Phila, PA

Manufacturer: Grove Serial#: 62009014 Model#: GMK6200

Type of Crane: Truck Crane Maximum Rated Capacity: 220 ton

Service Status at time of Survey: Lifting Other

Boom at time of Survey: Length: 196.9' Type: Hydraulic

Test Loads Applied

Radius	Proof Load	Rated Load	Outriggers	Boom Direction

Description of Proof Load _____

Basis for Assigned Load Ratings _____

Remarks and/or Limitations Assigned _____

I certify that on 05/04/19 the above device was (examined & tested) (examined) by the undersigned authorized representative who, in his opinion, said the unit (did) (did not) meet the requirements of 1910.180 1926.1400

Matt Hottenstein
 Authorized Representative
 Today's Date 05/04/19

William Hottenstein
 Signatory Authority



NCCCO CERTIFIED

Operator

Certification #: 030410674R

Certification Designations:
TLL, TSS, BTF, STC



Issued to: **GEORGE R. WILSON**

Issued: 04/30/2018

Expires: 04/30/2023

Thom Sicksteel

Thom Sicksteel, President, NCCCO Board of Directors

Gram Brent

Gram Brent, Chief Executive Officer, NCCCO

Verify cardholder status at www.verifycco.org. Subject to provisions of suspension or revocation.

National Commission for the Certification of Crane Operators

Qualified Operator Evaluation (Mobile Cranes)

Operator Name: _____ Evaluation Date: _____
 Certification Issued By: _____ Certification#: _____
 Crane Make: _____ Model#: _____

Configuration:

Rubber-Tired:

Base configuration (includes attached single/double
 Stage jib/multiple counterweight and multiple
 Counterweight and multiple outrigger configurations)
 Jib Inserts
 Luffing Jib/Wind Jib
 Guying System
 Lattice Boom
 Telescopic Boom
 Other: _____

Crawler:

Base Main Boom Configuration (regardless of
 track position, counterweight configurations or
 boom head types)
 Straight Jib
 Luffing Jim/Wind Jib
 Derrick Attachment
 Lattice Boom
 Telescopic Boom
 Maxer/Wagon/Sled
 Other: _____

I have evaluated the operator on the following knowledge areas and have determined he/she is competent in these areas for the equipment which he/she will operate. *(Evaluator to initial each area)*

_____ Operation _____ Software
 _____ Operational Aids _____ Shutdown
 _____ Safety Devices

I have evaluated the operator with respect to the equipment he/she will operate and have determined that he/she:

1. Has the skills and knowledge, as well as the ability to recognize and avert risk, necessary to operate the aforementioned equipment safely, including those specific to the safety devices, operational aids, software, and the size and configuration of the equipment. [OSHA 1926.1427(f)(1)(i)]
2. Has the ability to perform the hoisting activities required for assigned work including blind lifts, personnel hoisting, and multi-crane lifts. [OSHA 1926.1427(f)(1)(ii)]; and
3. Understands and can apply the equipment's load charts as well as the manufactures procedures.

 Evaluator's Name (Print)

Mark W. Thackray

 Evaluator's Signature

 Evaluator's Company Name

 Date

 Controlling Entity Evaluator's Name (Print)

Mark W. Thackray

 Controlling Entity Evaluator's Signature

 Controlling Entity (Company Name)

 Date

STATE OF NEW JERSEY
DEPARTMENT OF LABOR & WORKFORCE DEVELOPMENT
OFFICE OF PUBLIC SAFETY COMPLIANCE
CRANE OPERATORS LICENSE



George Wilson
9306 Andover Road

Philadelphia PA 19114

300628		12/18/1970	
LICENSE:		DATE OF BIRTH	
M	76	6	4
SEX	HEIGHT	WEIGHT	EYE COLOR
04/11/2018		04/30/2023	
ISSUE DATE		EXPIRES DATE	

38974



State of New Jersey

DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT

OFFICE OF SAFETY COMPLIANCE

PO BOX 386

TRENTON, NEW JERSEY 08625-0386

PHONE: (609) 292-5626 or (609) 292-2096

FAX: (609) 777-4589

PHILLIP MURPHY
Governor

SHEILA OLIVER
Lieutenant Governor

Robert Asaro-Angelo
Acting Commissioner

NOTICE

Dear License Holder:

Enclosed is your Crane Operator license, which allows you to operate a crane in New Jersey as defined in the law.

The National Commission for the Certification Crane Operator (NCCCO) card, and/or Crane Institute of America Certification (CIC), and/or Operating Engineers Certification Program (OECF), valid medical certificate and the New Jersey Crane Operator license must be carried by you and made available for review by a State Safety Inspector upon request, whenever performing crane operations. Anyone who is found operating a crane without possession of the proper credentials as described above will not be allowed to operate a crane and will be subject to penalties.

Should you have any question(s) regarding the Licensing of Crane Operators Act or need further information, please do not hesitate to contact our office.

Division of Public Safety &
Occupational Safety & Health
Office of Safety Compliance
1 John Fitch Plaza, 3rd Floor
P.O. Box 386
Trenton, New Jersey 08625-0386
Tel. No. (609) 292-5626
Fax No. (609) 777-4589

New Jersey Is An Equal Opportunity Employer





State of New Jersey

PHILLIP MURPHY
Governor

DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
PO BOX 386
TRENTON, NEW JERSEY 08625-0386

Robert Asaro-Angelo
Acting Commissioner

SHEILA OLIVER
Lieutenant Governor

NOTICE

Dear License Holder:

The Division of Public Safety and Occupational Safety and Health, Crane Licensing Section, has changed the "Hologram" on your Crane Operator License. The Sate Seal Hologram will no longer appear on any license after June 15, 2007.

The new license features holographic images of globes, star, ribbons, flags, etc., which will result in enhancing the security of the licenses issued by this office.

It is recommended that you carry this letter with you at work until the industry becomes familiar with the appearance of the new licenses.

Division of Public Safety &
Occupational Safety & Health
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AD-181(R-7-06)

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Department of Transportation
Federal Motor Carrier
Administration

Medical Examiner's Certificate
(for Commercial Driver Medical Certification)

I certify that I have examined Last Name: Wilson First Name: George in accordance with (please check only one):

the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply) OR the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any applicable State variances (which will only be valid for intrastate operations), and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply):

- Wearing corrective lenses
- Accompanied by a _____ waiver/exemption
- Driving within an exempt intracity zone (49 CFR 391.62) (Federal)
- Wearing hearing aid
- Accompanied by a Skill Performance Evaluation (SPE) Certificate
- Qualified by operation of 49 CFR 391.64 (Federal)
- Grandfathered from State requirements (State)

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, (A-5875), with any attachments embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date

10/21/2020

Medical Examiner's Signature

[Handwritten Signature]

Medical Examiner's Telephone Number

215 335 4100

Date Certificate Signed

10/21/2019

Medical Examiner's Name (please print or type)

Dr. Corey Salzman

MD Physician Assistant Advanced Practice Nurse

DO Chiropractor Other Practitioner (specify) _____

Medical Examiner's State License, Certificate, or Registration Number

OS0066422

Issuing State

PA

National Registry Number

1542751851

Applicant's Signature

[Handwritten Signature]

Driver's License Number

22380804

Issuing State/Province

PA

Applicant's Address

Street Address: 9306 Andover Rd City: Phila

State/Province: PA

Zip Code: 19114

CLP/CDL Applicant/Holder

Yes No