



Notification of Crane (NOC)

SCA Safety Unit requires 48 hour (2 business days) notification of all cranes and hoisting mechanisms that are intended for use on SCA projects.

Project Officer to ensure all applicable items noted below are complete and forwarded via e-mail to noc@nycsca.org by SCA Project Officer

Note: PE Survey letter for placement of crane is mandatory for all cranes on SCA Projects - Letter shall be submitted with NOC. All PEs shall meet with SCA safety inspectors in field.

1. Dates and Duration of Crane Use	2. School name and Address	2A. Borough	3. Type of project	3A. Initial Cran	3B. Repeat Cra	4. SCA Project Officer name	5. General Contractor / Crane Equipment user	6. SCA Safety Officer name
7. Crane owner / Rigging company	8. Crane Manufacturer / Model	9. Crane Max capacity (Tons)		10. Max Boom + Jib Length (Feet)		11. Material Being Lifted	12. Estimated Wt. of Material	

13. What is the crane being used for (Check appropriate box)

13A. Delivery of materials <input type="checkbox"/> New School <input type="checkbox"/> CN# _____ Existing School CD# _____	13B. Replacement in kind (RTUs, HVAC, Etc) New School CN# _____ Existing School CD # _____	13C Construction / Steel Erection CN# _____
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When a CN exists, 10E sign offs shall be signed by the PE of record or PE designated by PE of record. All PEs shall meet with SCA safety inspectors in field.

14. Type of Rigger assigned: (Check appropriate box)

14A. Master Rigger	Name _____	License # _____
14B. Special Rigger	Name _____	License # _____
14C. Designated Rigging Foreman (Tear-off)	Under Master Rigger Name _____	License # _____
	Under Special Rigger Name _____	License # _____
14D. Qualified Rigger	Name & Company _____	

15. Is a DOT permit needed for streets / sidewalk closure? Y N

16. Are power lines / electrical lines present? (If "Yes" grounding will be required) Y N

17. Has the foundation for placement of crane been designed / approved by a Professional Engineer? Y N

18. Are rail or subway lines present? If so, has NYCTA/MTA been notified of equipment? Y N

19. Is the crane going to be used on weekdays between 6:00 PM - 7:00 AM, or weekends or holidays. Y N
 If yes,
 19A. Has GC filed / obtained an after hours work variance from DOB ? Y N
 (Variance must mention crane use)

20. Are there any critical picks / lifts involved in this crane operation? Y N

21. Is an assist crane going to be utilized? Y N

22. Additional Comments / Concerns: _____

23. Name of Person filling and title: _____

24. Date Filed: _____

25. Organization name: _____