

ACTIVITY HAZARDS ANALYSIS

Date Prepared (mm-dd-yyyy):

Project:

Job:

Risk Assessment Code (RAC):

Prepared By:

Reviewed By:

E = Extremely High Risk
 H = High Risk
 M = Moderate Risk

		P r o b a b i l i t y				
		Frequent	Likely	Occasional	Seldom	Unlikely
S e v e r i t y	Catastrophic	E	E	H	H	M
	Critical	E	H	H	M	L
	Marginal	H	M	M	L	L
	Negligible	M	L	L	L	L

Recommended Protective Clothing & Equipment:

JOB STEPS	HAZARDS	ACTIONS TO ELIMINATE OR MINIMIZE HAZARDS	EM 385-1-1 (PARA REF)

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EQUIPMENT TO BE USED	INSPECTION REQUIREMENTS	TRAINING REQUIREMENTS

CERTIFICATE OF COMPLIANCE

This certificate shall be signed by an official of the company that provides cranes for any application under this contract. Post a completed certificate on each crane brought onto Navy property.

PRIME CONTRACTOR /PHONE:

CONTRACT NUMBER:

CRANE SUPPLIER/PHONE:

(if different from prime contractor)

CRANE NUMBER:

(i.e., ID number)

CRANE MANUFACTURER/TYPE/CAPACITY:

CRANE OPERATOR'S NAME(S):

I certify that:

1. The above noted crane conforms to applicable OSHA regulations (host country regulations for naval activities in foreign countries). The following regulations apply: _____

2. That the operators noted above have been trained and are qualified for the operation of the above noted crane.

3. That the operators noted above have been trained not to bypass safety devices during lifting operations.

COMPANY OFFICIAL SIGNATURE:

DATE:

COMPANY OFFICIAL NAME/TITLE:

POST ON CRANE

(IN CAB OR VEHICLE)