

Crane Information Form

For instructions and guidance on how to fill out the Crane Information Form, click here: <https://ncc.navfac.navy.mil/Popular-Links/DOWNLOADS/> or contact the Navy Crane Center.

Date _____

1. POINTS OF CONTACT

| | 1A. PROJECT MANAGER | 1B. END USER | 1C. CERTIFYING OFFICIAL | 1D. FACILITY ENGINEER/DESIGN MANAGER |
|------------------|---------------------|--------------|-------------------------|--------------------------------------|
| Name: | _____ | _____ | _____ | _____ |
| Activity: | _____ | _____ | _____ | _____ |
| Phone: | _____ | _____ | _____ | _____ |
| 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? (Y/N) ____ |
| Desired Date for Crane Operation _____ | _____ |

3. QUANTITY AND TYPE OF CRANE(S)

| |
|---|
| 3A. Number of Identical Cranes Required |
| 3B. Hoist Type Lifting Means: Hoist Power Source: |
| 3C. Crane Type: Runway Type: Power Source: |
| 3D. Trolley Type: Trolley Power Source |

4. CRANE/RUNWAY CAPACITY

| |
|---|
| 4A. Hoist Capacities 1. Main Hoist Capacity: _____ 2. Is an Auxiliary Hoist desired? (Y/N) ____ a. If yes, Auxiliary Hoist Capacity: _____ |
| 4B. Multiple Trolleys 1. Is more than one trolley desired on the same bridge? (Y/N) ____ |

| | |
|---|---|
| <p>a. If yes, provide the following:</p> <p>b. If yes, is tandem operation required? (Y/N) ____</p> <p>c. If an Auxiliary Hoist is required above, which Trolley will the Auxiliary Hoist be located one? (A/B)</p> | <p>Trolley A Capacity: _____</p> <p>Trolley B Capacity: _____</p> <p>Bridge Capacity: _____</p> |
| <p>4C. Additional Cranes</p> <p>1. Are there additional cranes on this runway? (Y/N) ____</p> <p>a. If yes, describe quantities and capacities: _____</p> | |
| <p>4D. Crane Addition/Removal</p> <p>1. Are there plans to add or remove additional cranes? (Y/N) ____</p> <p>a. If yes, please describe plans for the additional cranes: _____</p> | |
| <p>4E. Is the crane runway existing? (Y/N)</p> | |

5. CRANE SERVICE AND ENVIRONMENT

| | | | | | | | | | | | |
|--|--|--------------|-------|---|--|-----------|-------|-------------------------------------|----------------------------|--------------|--|
| <p>5A. What service of work is the crane intended for (GPS or SPS)?</p> | | | | | | | | | | | |
| <p>5B. Class of Service</p> <p>What is the required CMAA #70/ #74/ ASME HST Class of Service? _____</p> <p>If class of service is unknown, please provide the number of estimated main hoist lifts for the following cases:</p> <table style="width: 100%;"> <tr> <td style="width: 50%;"> <p>Rated load lifts in 8-hour shift _____</p> <p>75% Rated load lifts in 8-hour shift _____</p> <p>Total # of main hoist lifts per 24 hour period _____</p> </td> <td style="width: 50%;"> <p>50% Rated load lifts in 8-hour shift _____</p> <p>25% Rated load lifts in 8 hour shift _____</p> <p>Total # of aux hoist lifts per 24 hour period (if applicable) _____</p> </td> </tr> </table> | | | | <p>Rated load lifts in 8-hour shift _____</p> <p>75% Rated load lifts in 8-hour shift _____</p> <p>Total # of main hoist lifts per 24 hour period _____</p> | <p>50% Rated load lifts in 8-hour shift _____</p> <p>25% Rated load lifts in 8 hour shift _____</p> <p>Total # of aux hoist lifts per 24 hour period (if applicable) _____</p> | | | | | | |
| <p>Rated load lifts in 8-hour shift _____</p> <p>75% Rated load lifts in 8-hour shift _____</p> <p>Total # of main hoist lifts per 24 hour period _____</p> | <p>50% Rated load lifts in 8-hour shift _____</p> <p>25% Rated load lifts in 8 hour shift _____</p> <p>Total # of aux hoist lifts per 24 hour period (if applicable) _____</p> | | | | | | | | | | |
| <p>5C. Provide a brief explanation of the lifting operations to be performed by this crane.</p> | | | | | | | | | | | |
| <p>5D. Operating Environment</p> <p>1. Classification</p> <table style="width: 100%;"> <tr> <td style="width: 25%;">Non-Hazardous</td> <td style="width: 25%;">Hazardous</td> <td style="width: 25%;">Corrosive</td> <td style="width: 25%;">Dusty</td> </tr> <tr> <td>Ordnance/Explosive Handling Service</td> <td>Hot (Molten) Metal Service</td> <td colspan="2">Other: _____</td> </tr> </table> <p>2. If the area is hazardous, provide the following information:</p> <p>NEC Class: _____ NEC Division: _____ NEC Group: _____</p> <p>2a. Height above the floor hazardous protection is required:</p> <p>_____</p> | | | | Non-Hazardous | Hazardous | Corrosive | Dusty | Ordnance/Explosive Handling Service | Hot (Molten) Metal Service | Other: _____ | |
| Non-Hazardous | Hazardous | Corrosive | Dusty | | | | | | | | |
| Ordnance/Explosive Handling Service | Hot (Molten) Metal Service | Other: _____ | | | | | | | | | |

| | | |
|---|---|--------------------------|
| 3. If the crane is ordnance handling, are insulated links required? (Y/N) | | |
| 4. Is captivation required? (Y/N) | If yes, please provide a brief explanation. | |
| 5. Are drips pans or oil/grease tight gear cases required for containment? (Y/N) | If yes, please provide a brief explanation. | |
| 6. Where will the crane operate? | | |
| 7. What are the ambient operating temperatures for the crane? | High Temperature: ____ °F | Low Temperature: ____ °F |
| 8. Is seismic a factor with this facility? If Yes, please provide the following categories: | Design Category: Risk Category: | |

6. CRANE CONTROLS

| | | |
|---|-----------------------------------|--|
| 6A. Methods of Crane Control | | |
| 1. What will be the primary method of crane control? | | |
| 2. Are secondary crane controls required? (Y/N) ____ If yes, which type? | | |
| 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: | | |
| 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: | | |
| 2. Frequency Range: _____ | ____ Licensed (FCC Part 90) | ____ Unlicensed (FCC Part 15) |
| 6D. Cab Controls: If the crane has cab controls, please answer the questions in this section. | | |
| 1. Please indicate all options that apply to the cab controls on this crane: | | |
| ____ Lockable | ____ Controls on operator's chair | ____ Controls on separate console |
| 2. Cab design required: | | |
| ____ Enclosed | ____ Open | ____ Skeleton (Radio Controlled) |
| 3. Cab climate control required: | | |
| ____ Heated | ____ Air Conditioned | ____ Fan Cooled |
| 4. Cab access required: | | |
| ____ From crane | ____ From building | |
| 6E. If any further crane control considerations are necessary, please explain: | | |

| | | | | |
|------------|--------------------------------|------------------------------------|-------------|-------------------------|
| 3. Trolley | ___ Inverter (Speed Points) | ___ Inverter (Infinitely Variable) | ___ 2 Speed | ___ Other: _____ |
| 4. Bridge | ___ Inverter (Speed Points) | ___ Inverter (Infinitely Variable) | ___ 2 Speed | ___ Other: _____ |

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 an hour meter on each function required? (Y/N) ___

3. Is a data logger desired to record faults? (Y/N) ___

4. Is a laptop desired to connect to the crane electrical drives? (Y/N) ___

5. Is electromagnetic interference (EMI) suppression required? (Y/N) ___

8E. Will indicator lights (power available, power on, faults, etc.) be required to be mounted on the bridge/trolley? (Y/N) ___

1. If yes, will the lights be mounted on the bridge or the trolley? ___

9. SAFETY

9A. Capacity Overload Protection

1. Please indicate what type of overload lockout the crane shall be equipped with:

___ Electrical ___ Mechanical (Not common)

a. Please indicate the percentage of full capacity where overload protection shall be set: ___%

2. Is an overload warning system desired? (Y/N)

a. If yes, please indicate the percentage of full capacity where overload warning shall be set: ___%

9B. Are anti-collision interlocks desired? (Y/N)

a. If yes, please provide desired operational characteristics for the anti-collision system.

9C. Please indicate which warning devices are required (cranes that are exclusively pendant operated may be exempt):

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

9D. Travel Limitations

1. Are travel limits required? (Y/N)

a. If yes; Bridge, Trolley, or Both?

b. If yes, please provide desired operational characteristics for the travel limits.

2. Will the crane cross over to another runway? (Y/N) ___

| | |
|--|-------|
| 3. Will the trolley cross over to another crane bridge/track? (Y/N) | _____ |
| 4. Will the crane pass through doors? (Y/N) | _____ |
| 9E. Load Indicating Device (LID) | |
| 1. Is an LID required? (Y/N) | _____ |
| a. If yes, where will the display be located? | _____ |
| b. If yes, is it required to be separate from the capacity overload protection? (Y/N) | _____ |
| 9F. Crane Maintenance Walkways and Access | |
| 1. Please indicate below the desired walkway configuration for the crane. Only pick one. | |
| _____ No Walkways | |
| _____ Full Walkway, Drive Girder Only | |
| _____ Full Walkway, Drive and Idler Girders | |
| _____ Full Walkway, Drive Girder Only & Partial Walkway (Double length of the Trolley), Idler Girder | |
| _____ Other, Please Explain | |
| 2. Is Trolley access required? (Y/N) | |
| a. If yes, please explain. | |
| b. If yes, which fall protection method is preferred? (i.e. guardrails, anchorage points) | |

10. OTHER CRANE CONSIDERATIONS

| | |
|--|-----------------------------------|
| 10A. Lighting | |
| 1. Are bridge or cab floodlights desired? (Y/N) | |
| a. If yes, please indicate preferred floodlight type: | |
| 10B. Cranes are typically painted bright yellow. Is special painting required? (Y/N) | |
| a. If yes, please provide additional details not already addressed above. | |
| 10C. Who will provide the certified test weights, rigging gear, and riggers for acceptance testing of the crane? | |
| a. If Government is selected above, how much lead time is required for notification of required test weights/rigging gear, and riggers? | |
| 10D. Indicate below how many hard copies of the operation and maintenance manuals and drawings are required (TYP. 2EA): | |
| Number of Hard Copies of Manuals | Number of Hard Copies of Drawings |
| _____ | _____ |
| 10E. Is operational and maintenance training required for this crane? (Y/N) | |

| | |
|--|---|
| <p>a. If yes, how many people for operational and how many for maintenance training?</p> | <p>Operational: ___ People</p> <p>Maintenance: ___ People</p> |
| <p>b. If yes, how many hours for operational and how many for maintenance training?</p> | <p>Operational: ___ Hours</p> <p>Maintenance: ___ Hours</p> |
| <p>c. If yes, and if applicable, please use the space provided to indicate specific required training topics. (i.e. VFDs, PLCs, BSDS)</p> | |

10F. Warranty

1. Does the supported command require an extended warranty period? (Y/N)

a. If yes, how long? _____

2. Does the supported command require rapid warranty response? (Y/N)

a. If yes, how long will the rapid response period be, and how quickly must the contractor respond? _____

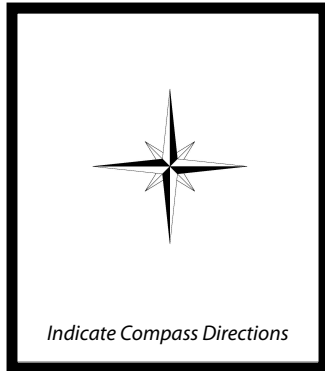
10G. Will drawings be provided related to the building? (Y/N)

a. If yes, in what format will they be provided? _____

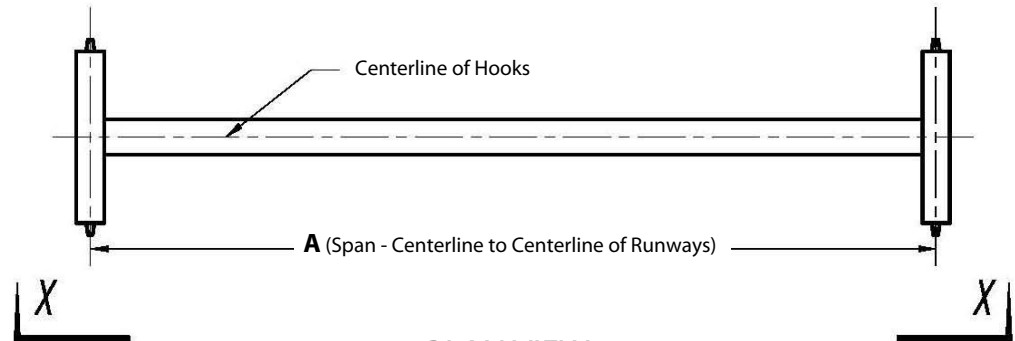
b. If yes, can the drawings be released as part of the RFP? (Y/N)

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

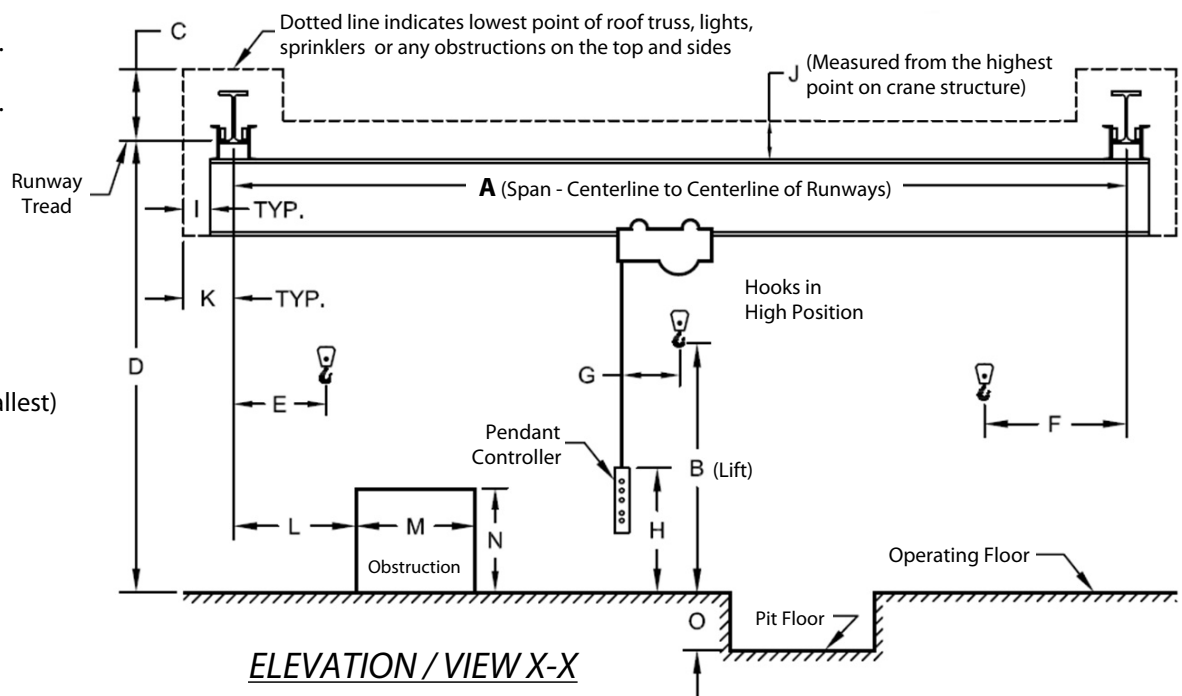
OVER HEAD CRANE CLEARANCE WORKSHEET



- UNDER RUNNING SINGLE GIRDER CRANE ☐ NEW ☐ EXISTING
 - RUNWAY SYSTEM ☐ NEW ☐ EXISTING



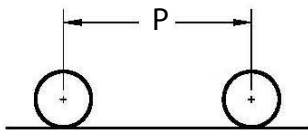
PLAN VIEW



ELEVATION / VIEW X-X

UNDER RUNNING CRANE

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

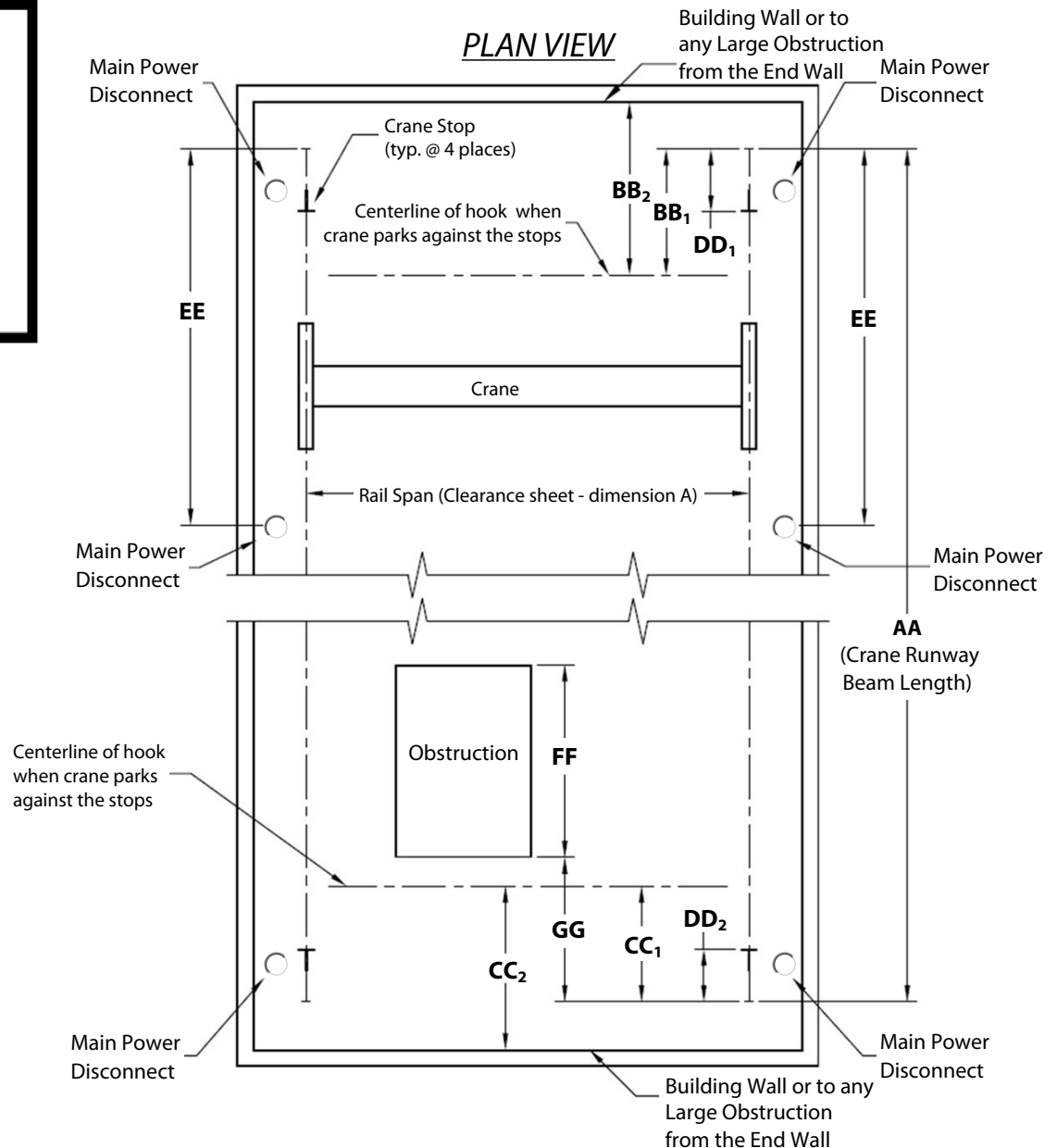
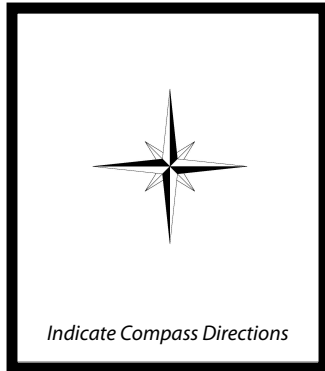


EXISTING CRANE'S WHEEL SPACING

NOTE(S): _____

OVER HEAD CRANE BUILDING WORKSHEET

- UNDER RUNNING SINGLE GIRDER CRANE



AA: _____

BB₁: _____ max.

BB₂: _____ max.

CC₁: _____ max.

CC₂: _____ max.

DD₁: _____ max.

DD₂: _____ max.

EE: _____ ref.

FF: _____ ref.

GG: _____ ref.

CRANE ELECTRIFICATION

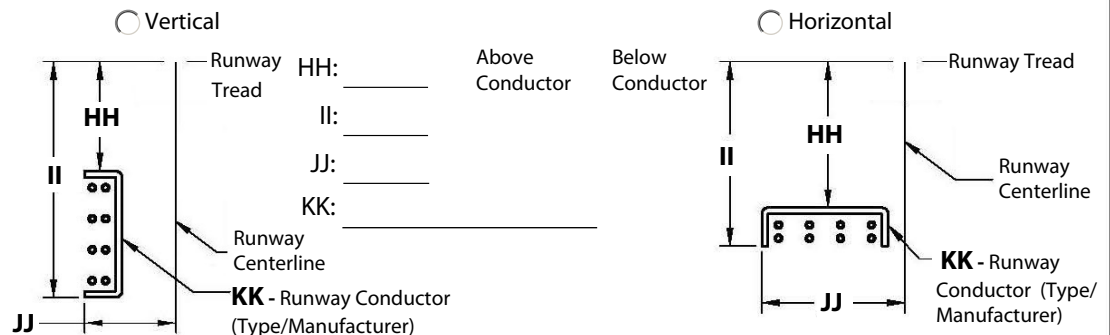
Voltage: _____ VAC

Current: _____ AMP

Frequency: _____ Hz

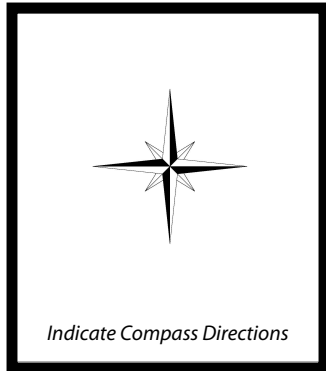
Phase: _____

EXISTING RUNWAY CONDUCTOR CONFIGURATION



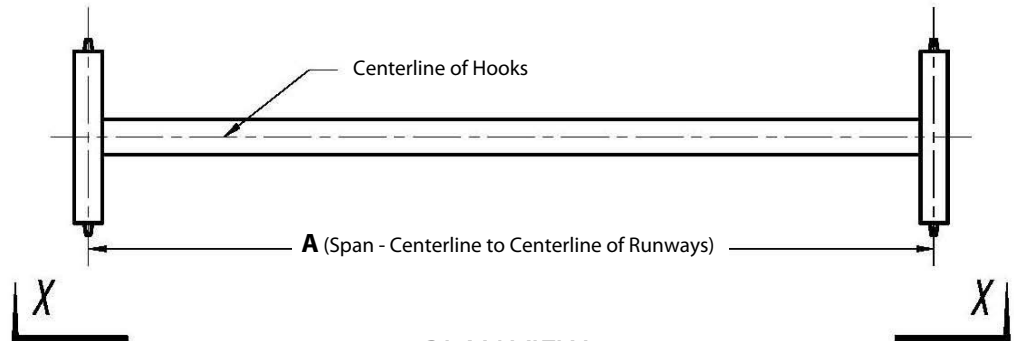
NOTE(S): _____

OVER HEAD CRANE CLEARANCE WORKSHEET

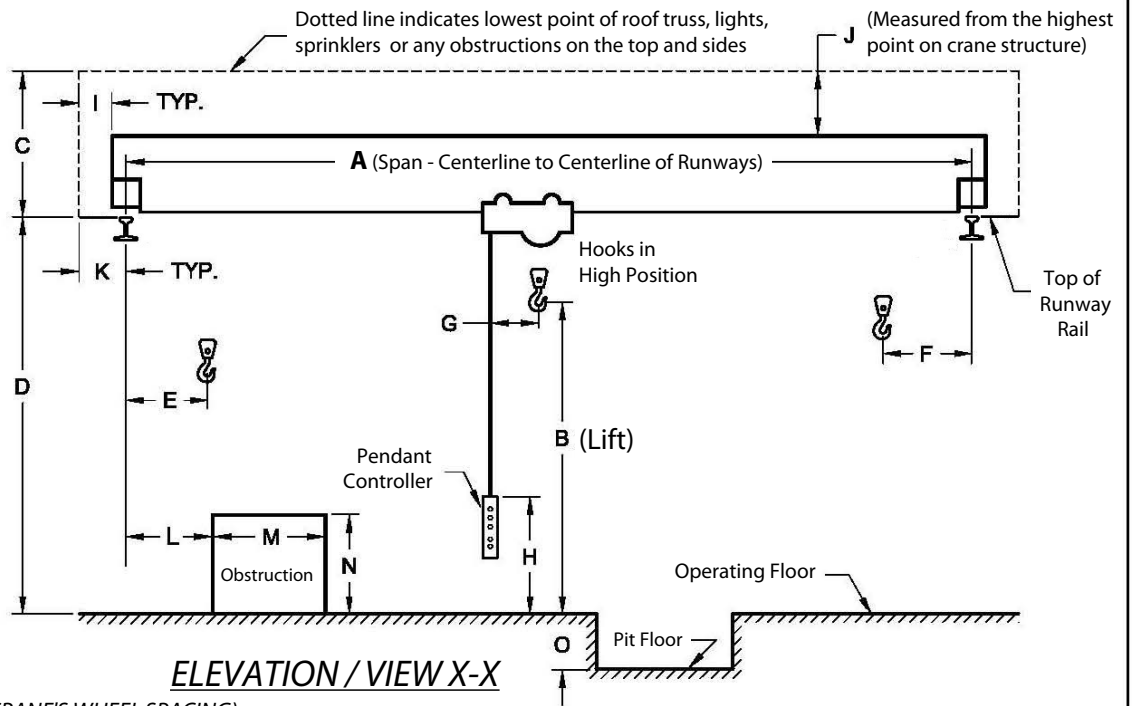


- TOP RUNNING SINGLE GIRDER CRANE ☐ NEW ☐ EXISTING

- RUNWAY SYSTEM ☐ NEW ☐ EXISTING



PLAN VIEW

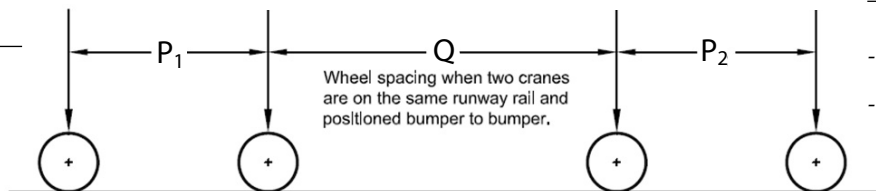


ELEVATION / VIEW X-X

(EXISTING CRANE'S WHEEL SPACING)

TOP RUNNING CRANE

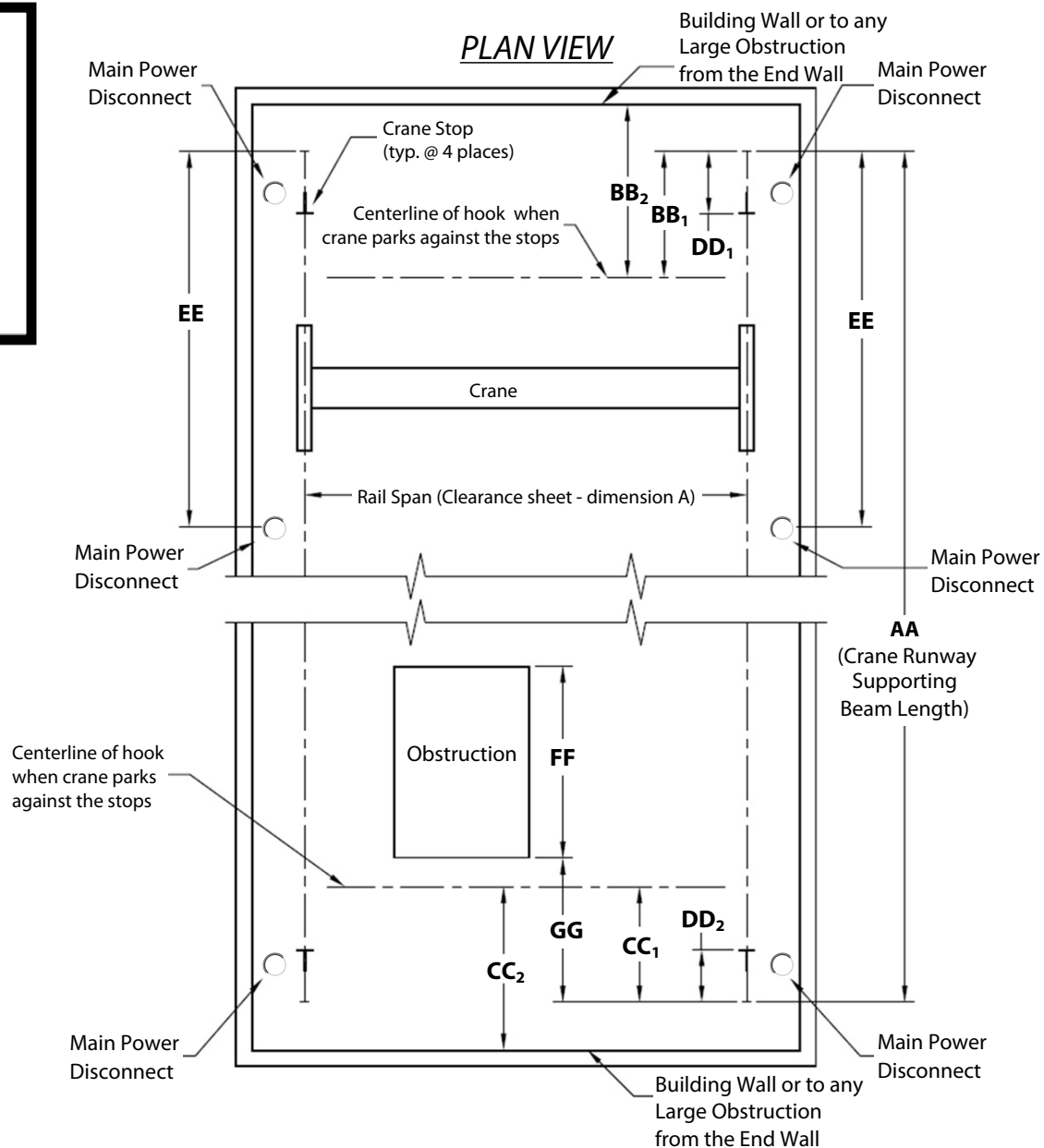
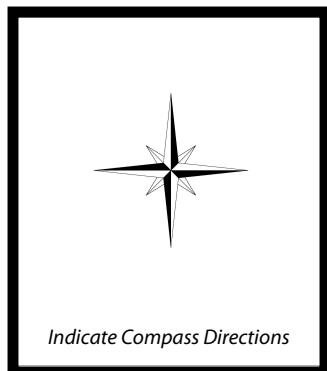
- RAIL SIZE: _____ lbs./yard -
 - MAXIMUM ALLOWABLE WHEEL LOAD,
 EXCLUDING IMPACT: _____ lbs



NOTE(S): _____

OVER HEAD CRANE BUILDING WORKSHEET

- TOP RUNNING SINGLE GIRDER CRANE



AA: _____

BB₁: _____ max.

BB₂: _____ max.

CC₁: _____ max.

CC₂: _____ max.

DD₁: _____ max.

DD₂: _____ max.

EE: _____ ref.

FF: _____ ref.

GG: _____ ref.

CRANE ELECTRIFICATION

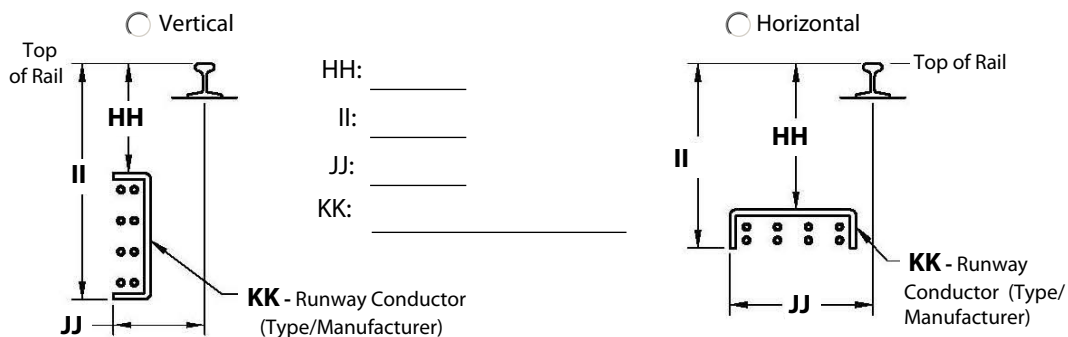
Voltage: _____ VAC

Current: _____ AMP

Frequency: _____ Hz

Phase: _____

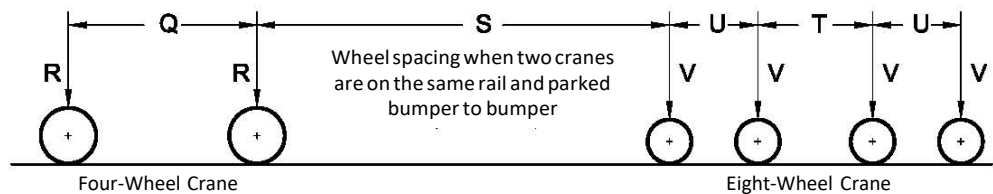
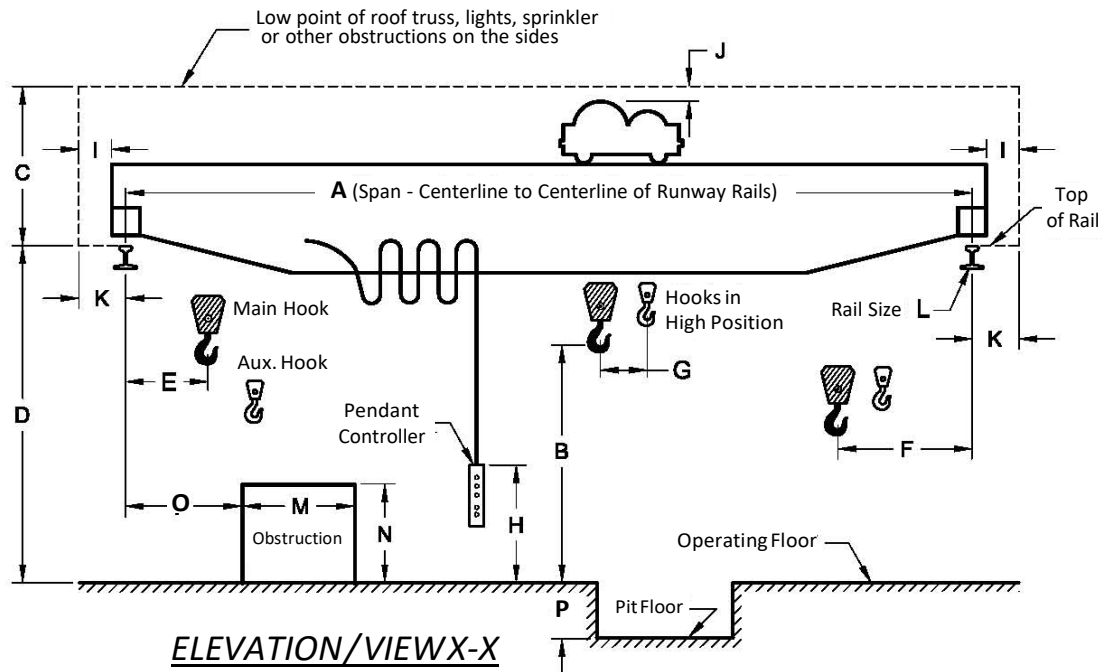
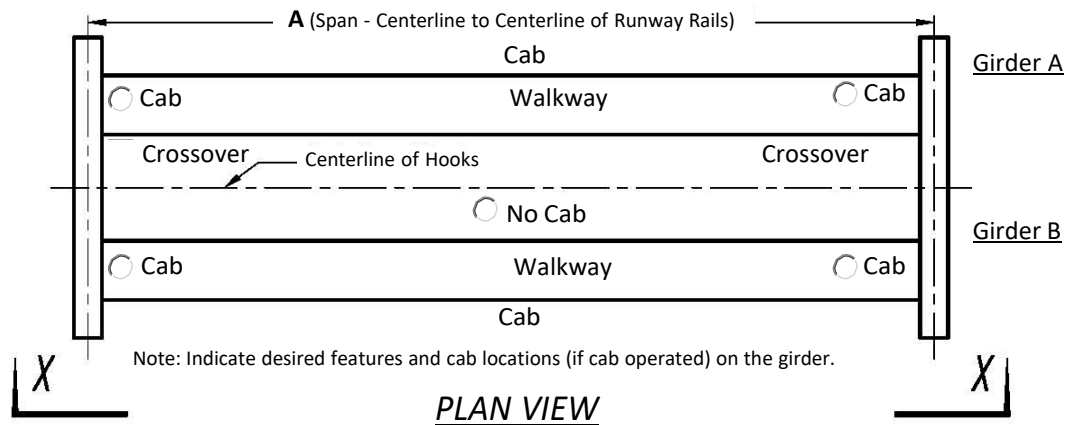
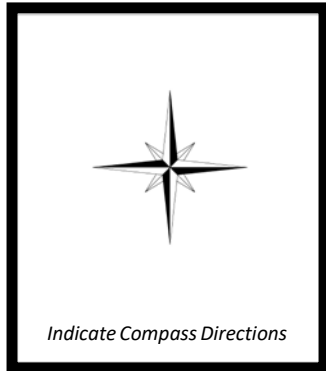
EXISTING RUNWAY CONDUCTOR CONFIGURATION



NOTE(S): _____

OVER HEAD CRANE CLEARANCE WORKSHEET

- TOP RUNNING DOUBLE GIRDER CRANE



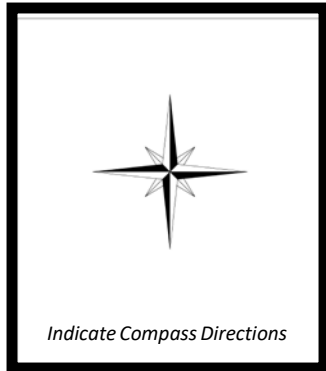
R AND V ARE THE WHEEL LOADS USED FOR DESIGN OF RUNWAY GIRDERS, EXCLUDING IMPACT, SPACE AS INDICATED.

SOURCE FOR DATA (IF AVAILABLE): _____

NOTE(S): _____

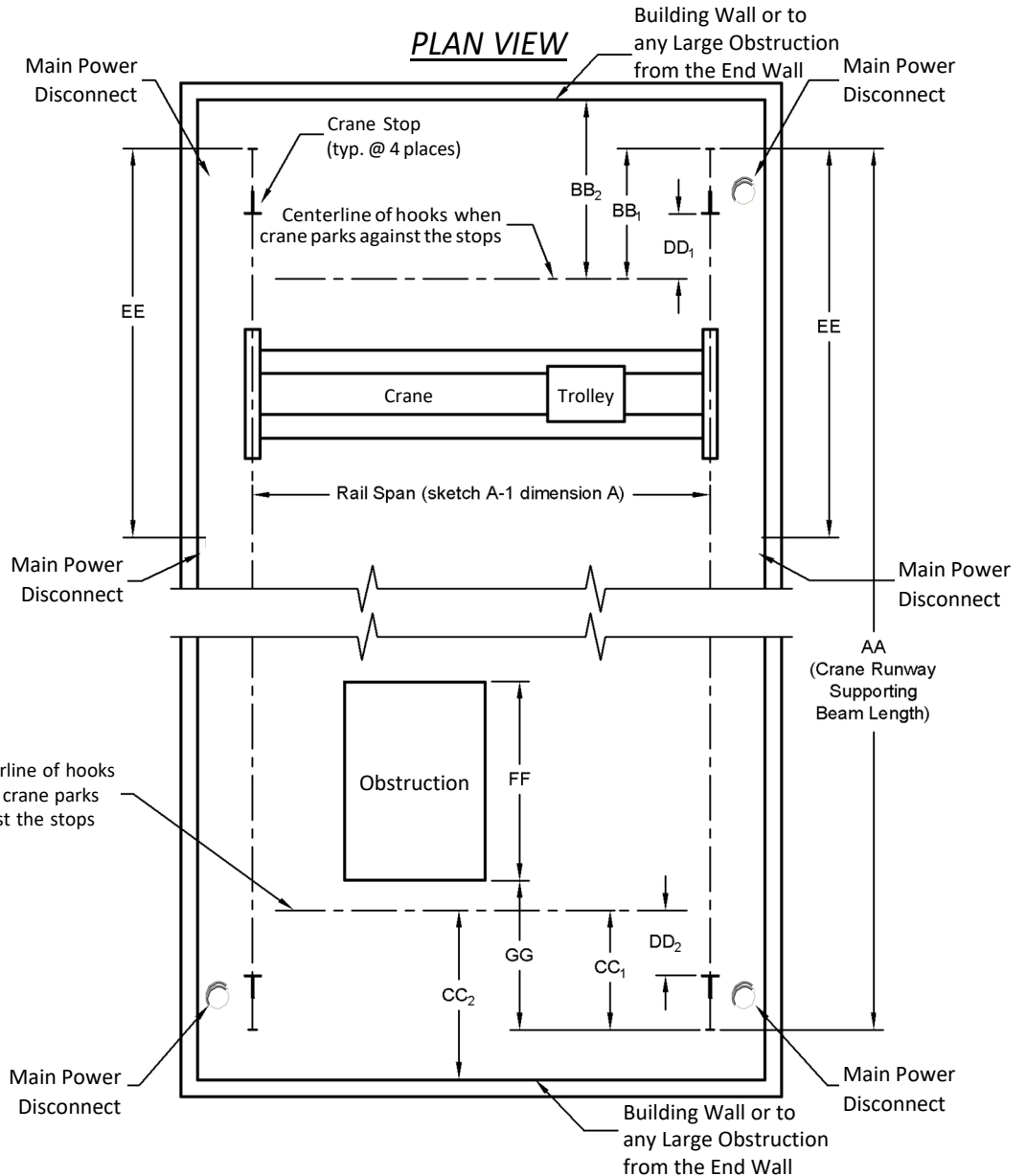
OVER HEAD CRANE BUILDING WORKSHEET

- TOP RUNNING DOUBLE GIRDER CRANE



Indicate the side of the building which has a crane access ladder

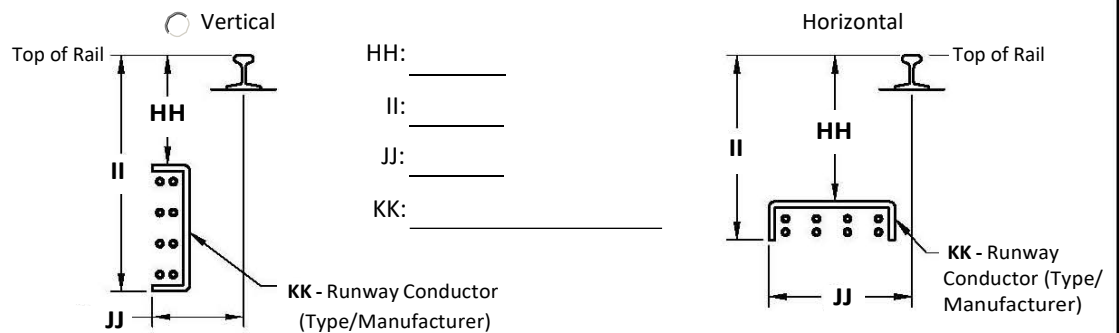
AA: _____
 BB₁: _____ max.
 BB₂: _____ max.
 CC₁: _____ max.
 CC₂: _____ max.
 DD₁: _____ max.
 DD₂: _____ max.
 EE: _____ ref.
 FF: _____
 GG: _____



CRANE ELECTRIFICATION

Voltage: _____ VAC
 Current: _____ AMP
 Frequency: _____ Hz
 Phase: _____

EXISTING RUNWAY CONDUCTOR CONFIGURATION



NOTE(S): _____