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.

1. POINTS OF CONTACT

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)	

Date _____

a.	If yes, provide the following:	Trolley A Capacity:
		Trolley B Capacity:
		Bridge Capacity:
b. c.	If yes, is tandem operation required? (Y/N) If an Auxiliary Hoist is required above, which Trolley v	will the Auxiliary Hoist be located one? (A/B)
4C. Ad	ditional Cranes	
1. Are	there additional cranes on this runway? (Y/N)	
a.	If yes, describe quantities and capacities:	
4D. Cra	ane Addition/Removal	
1. Are	there plans to add or remove additional cranes? (Y/N)	
a.	If yes, please describe plans for the additional cranes	
4E. Is t	he crane runway existing? (Y/N) 4F. Do yo all NCC	↓ u have a current rail survey for this facility (required for C procurements)? (Y/N)

5. CRANE SERVICE AND ENVIRONMENT

5A. What service of work is the c	rane intended for (GPS or SPS)?		
5B. Class of Service			
What is the required CMAA #70/ Service?	#74/ ASME HST Class of		
If class of service is unknown, ple	ease provide the number of estin	nated main hoist lifts for the fo	llowing cases:
		50% Rated load lifts in 8-hou	ır
Rated load lifts in 8-hour shift		shift	
		25% Rated load lifts in 8 hou	ır
75% Rated load lifts in 8-hour shift		shift	
Total # of main hoist lifts per 24	hour period	Total # of aux hoist lifts per	24 hour period (if applicable)
5C. Provide a brief explanation			
of the lifting operations to be			
performed by this crane.			
5D. Operating Environment			
1. Classification			
Non-Hazardous	Hazardous	Corrosive	Dusty
Ordnance/Explosive	Hot (Molten) Metal	Other:	
Handling Service	Service		
2. If the area is hazardous, provid	le the following information:		
NEC Class:	NEC Division:	NEC Group:	
2a. Height above the floor hazard	dous protection is required:		

3. If the crane is ordnance hand	ling, are insulated links required? (`	r/n)
4. Is captivation required? (Y/N)	While NCC is not responsible for crane captivation, please explain your application.	
	,	
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	Design Category:	·
facility? If Yes, please provide		
the following categories:	RISK Category:	

6. CRANE CONTROLS

6A. Methods of Crane Control			
1. What will be the primary me	ethod of crane control?		
2. Are secondary crane control	s required? (Y/N)	If yes, which type?	
6B. Pendant Controls: If the cra	ane has pendant controls, pleas	e answer the questions	in this section.
1. Please indicate all options the	nat apply to the pendant contro	ls on this crane:	
Lockable	Detachable	Retractable	Indicator Lights on Pendant
2. Pendant Control Movement:	:		
6C. Radio Controls: If the crane	has radio controls, please answ	ver the questions in this	section.
1. Please indicate the type of c	ontrollers to be used for the rac	dio controls on this cran	e:
2. Frequency Range:	License	ed (FCC Unlice	nsed (FCC Part 15)
CD. Cab Cantualay If the avera h	Part 90)		
6D. Cab Controls: If the crane h	has cab controls, please answer	the questions in this sec	ction.
1. Please indicate all options th	hat apply to the cab controls on	this crane:	
Laskabla		ain Cantur	la en esperata concela
LOCKADIE	Controls on operator's cl	iairContro	or separate console
2 Cab design required:			
2. cab design required.			
Enclosed	Open	Skelet	on (Radio Controlled)
	0 p c		
3. Cab climate control required	I:		
Heated	Air Conditioned	Fan Co	oled
4. Cab access required:			
From crane	From building		
6E. If any further crane control	considerations		
are necessary, please explain:			

7. CRANE SPEEDS

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
4. Auxiliary Hoist Max Speed:	Ft/Min	Auxiliary Hoist Min Speed:	Ft/Min
 5. Are the speeds listed above existing? (Y/N) a. If no, is the existing electrical system capable of handling the desired crane speeds? (Y/N) 			
7B. Is a slow speed selector switch required for precise positioning? (Y/N)			
			_
a. If yes, what is the desi	red percentage of max sp	oeed? (TYP. 25%)	

8. CRANE ELECTRICAL DESIGN

8A. Crane Electrification				
1. Please indicate the preferred crane runway electrification type:				
2. Please indicate who will be	e supplying th	ne crane runway conductors:		
3. If the crane runway condu	ctors are exis	ting or to be provided by the l	building contractor, plea	se provide the following:
Conductor Size:		Conductor Manufacturer's N	lame and Model #:	
	A			
4. What are the voltage and o	current rating	g of the branch circuit supplyin	g the crane?	
Voltage:	v	Current:	A	
5. What is the location and si	ze of the exis	sting electrical disconnect swit	ch/circuit breaker?	
a. Location:				
b. Frame Size:				
c. Fuse/Circuit Breaker	Size:			
8B. Trolley Electrification				
1. Please indicate the preferr	ed trolley ele	ectrification type:		
Please indicate the type of el required.	ectrical contr	rol desired for the crane's mot	ors. Contact the Navy Cr	ane Center if assistance is
1. Main Hoist Inve (Speed F	rter Points)	Inverter (Infinitely Varia	ble)2 Speed	Other:
2. Auxiliary Hoist Inve (Speed F	rter Points)	Inverter (Infinitely Varia	ble) 2 Speed	Other:

3. Trolley	Inverter (Speed Points)	Inverter (Infir	itely Variable)	2 Speed	Other:
4. Bridge	Inverter (Speed Points)	Inverter (Infir	itely Variable)	2 Speed	Other:
8D. Inverter Contro	bl				
1. For inverter cont	trols with speed points	, please indicate the	e number of speed	l points (steps) foi	r each function:
Main Hoist:	Auxiliary Hoist:	Trolley:	Bridge:		
2. Is an hour meter	on each function requ	ired? (Y/N)			
3. Is a data logger of	desired to record faults	? (Y/N)			
4. Is electromagnet	tic interference (EMII) s	uppression	_		
requirea? (Y/N)					
8F. Will indicator li	ghts (nower available	nower on faults			
etc.) be required to	be mounted on the b	ridge/trolley? (Y/N)			
1. If yes, will the lig	ts be mounted on the	e 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):
HornBellSirenRotatingStrobe LightOther:
Beacon
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 len	gth 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):			
lumber of Hard Copies of Manuals Number of Hard Copies of			
Drawings			
10E. Is operational and maintenance training required for this			
crane? (Y/N)			

a.	If yes, how many people for operational and how many for maintenance training?	Operational: People	
		Maintenance: People	
b.	If yes, how many hours for operational and how many for maintenance training?	Operational:Hours	
		Maintonanco: Hours	
c.	If yes, and if applicable, please use the space provided to indicate specific required training topics. (i.e. VFDs, PLCs, BSDS)		
10F. Wa	arranty		
1. Does the supported command require an extended warranty period? (Y/N)			
a.	If yes, how long?		
2. Does respons	the supported command require rapid warranty se? (Y/N)		
a.	If yes, how long will the rapid response period be, and how quickly must the contractor respond?		
10G. W	ill 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.			













