

## Site Specific Steel Erection Plan and Checklist

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Job Name: \_\_\_\_\_

Job Number: \_\_\_\_\_ Date: \_\_\_\_\_

Erector: \_\_\_\_\_ Project Eng. \_\_\_\_\_

Sheeter: \_\_\_\_\_ Qualified Person: \_\_\_\_\_

Anchor Bolt Cont.: \_\_\_\_\_ Fabricator: \_\_\_\_\_

Crane Optr: \_\_\_\_\_ Qualified Rigger: \_\_\_\_\_

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### Scope of Work

Pre-Engineered Metal Building	<input type="checkbox"/>	Sq. Ft. _____	Tons _____
Conventional Steel Building	<input type="checkbox"/>	Sq. Ft. _____	Tons _____
Roofing	<input type="checkbox"/>	Sq. Ft. _____	Tons _____
Siding	<input type="checkbox"/>	Sq. Ft. _____	Tons _____
Decking	<input type="checkbox"/>	Sq. Ft. _____	Tons _____
Miscellaneous Steel	<input type="checkbox"/>	Sq. Ft. _____	Tons _____
General Miscellaneous	<input type="checkbox"/>	Sq. Ft. _____	Tons _____

General Description of Work: \_\_\_\_\_

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### Footings, Piers, Walls and Anchor Bolts

1. Has concrete reached 75% of sufficient strength?  Yes  No
2. Proof of Strength:
  - a. ASTM test method results  Yes  No
  - b. Engineer verification  Yes  No
3. Were anchor bolts repaired, replaced or modified?  Yes  No
4. Was erector notified in writing?  Yes  No

### Notification of Commencement of Steel Erection

1. Was written notification given to the erector?  Yes  No

### Site Layout

1. Has controlling contractor provided adequate access to site?  Yes  No
2. Is laydown area firm, properly graded, well drained and accessible?  Yes  No

**Pre-Construction Site Conference**

Has a Pre-Construction Site Conference been held?

Yes  No

Please list those attending

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Sequence of Erection Activity**

1. Give a general sequence of erection activities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Material delivery date: \_\_\_\_\_

3. How will activities be coordinated with other trades? \_\_\_\_\_

\_\_\_\_\_

**Cranes**

1. Crane Type: \_\_\_\_\_

2. Crane Brand: \_\_\_\_\_

3. Crane Capacity: \_\_\_\_\_

4. How is the site prepared for the crane? \_\_\_\_\_

\_\_\_\_\_

5. How many different locations will the crane have and where are they? \_\_\_\_\_

\_\_\_\_\_

6. What is the path for overhead loads? \_\_\_\_\_

\_\_\_\_\_

7. How will employees be notified of overhead loads? \_\_\_\_\_

\_\_\_\_\_

8. Are there any critical lifts? (75% of capacity or dual crane)  Yes  No

a. How many? \_\_\_\_\_

9. Describe critical lifts: \_\_\_\_\_

\_\_\_\_\_

10. Are lift permits attached for critical lifts?  Yes  No

11. Are lift permits attached for all lifts over 5,000 lbs.?  Yes  No

**Steel Erection Activities / Procedures (give a description of the following items and how they will be performed)**

1. Temporary Bracing / Guying \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Repair, Replacement or Modification of Anchor Bolts: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Columns / Beams (Joists or Purlins): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Connections: \_\_\_\_\_  
\_\_\_\_\_

5. Decking: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Roofing: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Siding: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Steel Grating: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Handrail or Miscellaneous Iron: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Fall Protection (Please identify the Fall Protection procedures for the following tasks):**

1. Erection of vertical structural members  JLG Lift / Tie-Off  
 Scissor Lift / Guardrails  
 Vertical Lifeline / Harness and Lanyard  
 Retractable Lanyard / Harness  
 Other – Explain \_\_\_\_\_

2. Erection Horizontal Structural Members  JLG Lift / Tie-Off  
 Scissor Lift / Guardrails  
 Vertical Lifeline / Harness and Lanyard  
 Retractable Lanyard / Harness  
 Other – Explain \_\_\_\_\_

- |  |                          |   |                          |    |
|--|--------------------------|---|--------------------------|----|
| 3. Installation of Siding & Associated Insulation                | <input type="checkbox"/> | JLG Lift / Tie-Off                      |                          |    |
|  | <input type="checkbox"/> | Scissor Lift / Guardrails               |                          |    |
|  | <input type="checkbox"/> | Vertical Lifeline / Harness and Lanyard |                          |    |
|  | <input type="checkbox"/> | Retractable Lanyard / Harness           |                          |    |
|  | <input type="checkbox"/> | Other – Explain _____                   |                          |    |
| 4. Installation of Roofing & Associated Insulation               | <input type="checkbox"/> | JLG Lift / Tie-Off                      |                          |    |
|  | <input type="checkbox"/> | Scissor Lift / Guardrails               |                          |    |
|  | <input type="checkbox"/> | Vertical Lifeline / Harness and Lanyard |                          |    |
|  | <input type="checkbox"/> | Retractable Lanyard / Harness           |                          |    |
|  | <input type="checkbox"/> | Other – Explain _____                   |                          |    |
| 5. Installation of Decking                                       | <input type="checkbox"/> | JLG Lift / Tie-Off                      |                          |    |
|  | <input type="checkbox"/> | Scissor Lift / Guardrails               |                          |    |
|  | <input type="checkbox"/> | Vertical Lifeline / Harness and Lanyard |                          |    |
|  | <input type="checkbox"/> | Retractable Lanyard / Harness           |                          |    |
|  | <input type="checkbox"/> | Other – Explain _____                   |                          |    |
| 6. Unprotected Sides / Edges                                     | <input type="checkbox"/> | JLG Lift / Tie-Off                      |                          |    |
|  | <input type="checkbox"/> | Scissor Lift / Guardrails               |                          |    |
|  | <input type="checkbox"/> | Vertical Lifeline / Harness and Lanyard |                          |    |
|  | <input type="checkbox"/> | Retractable Lanyard / Harness           |                          |    |
|  | <input type="checkbox"/> | Other – Explain _____                   |                          |    |
| 7. Leading Edges   | <input type="checkbox"/> | JLG Lift / Tie-Off                      |                          |    |
|  | <input type="checkbox"/> | Scissor Lift / Guardrails               |                          |    |
|  | <input type="checkbox"/> | Vertical Lifeline / Harness and Lanyard |                          |    |
|  | <input type="checkbox"/> | Retractable Lanyard / Harness           |                          |    |
|  | <input type="checkbox"/> | Other – Explain _____                   |                          |    |
| 8. Holes   | <input type="checkbox"/> | JLG Lift / Tie-Off                      |                          |    |
|  | <input type="checkbox"/> | Scissor Lift / Guardrails               |                          |    |
|  | <input type="checkbox"/> | Vertical Lifeline / Harness and Lanyard |                          |    |
|  | <input type="checkbox"/> | Retractable Lanyard / Harness           |                          |    |
|  | <input type="checkbox"/> | Other – Explain _____                   |                          |    |
| 9. Wall Opening  | <input type="checkbox"/> | JLG Lift / Tie-Off                      |                          |    |
|  | <input type="checkbox"/> | Scissor Lift / Guardrails               |                          |    |
|  | <input type="checkbox"/> | Vertical Lifeline / Harness and Lanyard |                          |    |
|  | <input type="checkbox"/> | Retractable Lanyard / Harness           |                          |    |
|  | <input type="checkbox"/> | Other – Explain _____                   |                          |    |
| 10. Has fall protection training been documented?                | <input type="checkbox"/> | Yes                                     | <input type="checkbox"/> | No |
| 11. Is a competent person on-site at all times?                  | <input type="checkbox"/> | Yes                                     | <input type="checkbox"/> | No |
| 12. Were fall protection systems designed by a Qualified Person? | <input type="checkbox"/> | Yes                                     | <input type="checkbox"/> | No |

**Falling Object Protection**

1. Method for securing loose items aloft: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
2. Are all personnel wearing hardhats?  Yes  No
3. Are erection areas properly barricaded?  Yes  No

**Hazardous Non-Routine Tasks**

- 1. Are Job Safety Analyses performed on all non-routine hazardous tasks?  Yes  No
- 2. Attach JSA's.

**Training Certification**

- 1. Are all personnel properly trained for performing steel erection activities?  Yes  No
- 2. Are all personnel properly trained for the use of fall protection systems?  Yes  No
- 3. Attach documentation of training.

**List of Qualified and Competent Persons**

- 1. Qualified Person for site specific erection plan: \_\_\_\_\_
- 2. Qualified Person for fall protection system design: \_\_\_\_\_
- 3. Qualified Rigger: \_\_\_\_\_
- 4. Crane Operator: \_\_\_\_\_
- 5. Crane Inspector: \_\_\_\_\_
- 6. Fall Protection Competent Person: \_\_\_\_\_

**Emergency Rescue Procedures**

- Self-Rescue
- Emergency Response Team
- Manbasket
- Stair Tower
- 1<sup>st</sup> Aid Trained Personnel
- Hoists
- Aerial Lifts
- Other

**Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_