

	<b>PROGETTISTA</b>  <i>Tecnologia Ricerca Rischi</i>	<b>COMMESSA</b>	<b>UNITA'</b> -
	<b>LOCALITA'</b> REGIONE LIGURIA	<b>MI-MEC-E-15010</b>	
	<b>PROGETTO / IMPIANTO</b> FSRU Alto Tirreno e Collegamento alla Rete Nazionale Gasdotti		<b>Rev.</b> 0

Rif. TRR: 72438


**EMERGENZA GAS  
INCREMENTO DI CAPACITÀ DI RIGASSIFICAZIONE (DL 17.05.2022, n. 50)**

**FSRU Alto Tirreno e Collegamento alla Rete Nazionale Gasdotti**

**Rapporto Preliminare di Sicurezza  
per la fase di Nulla Osta di Fattibilità (NOF)  
ai sensi del D.Lgs. 105/15**

**Allegato C.4.1.1.3-B  
Lift Plan**


0	Emissione per Enti	TRR	G.Romano	G. Lanza	Marzo 2024
<b>Rev.</b>	<b>Descrizione</b>	<b>Elaborato</b>	<b>Verificato</b>	<b>Approvato</b>	<b>Data</b>

Lift Plan				
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Doc Type: Template		Doc Owner: Safety Superintendent		

Vessel:		Location:	
Lift Operation Name/Title:		Lift No:	

Note. Use N/A if not applicable

<b>LIFT CATEGORY (use pen to tick-off)</b>			
<b>Routine</b> <input type="checkbox"/> Same lift done before Same site and same crew Identical equipment Environmental conditions same Regular or routine activity Less than 80% of SWL at radius	<b>Non-Routine</b> <input type="checkbox"/> Any lift that does not meet all Routine requirements.	<b>Special</b> <input type="checkbox"/> Beyond capacity of CoolCo. Requires specialist contractor. Requires Engineering.	
<b>LIFT DESCRIPTION:</b>			
<b>ITEM(S) TO BE LIFTED</b>			
Item 1:			
Item 2:			
<b>LIFT ROUTE</b>			
Restrictions:			
Over sensitive areas:			
<b>LAY DOWN AREA</b>			
Deck strength is sufficient (yes/no):			
<b>LIFT HAZARDS FOR RISK ASSESSMENT</b>			
Unstable / Unsecured load:			
Vessel factors (Dynamic movement, Stability, Ballasting):			
Environmental factors (Weather, lighting):			
Conflicting tasks / operations:			
Route factors, clashes, or restrictions:			
Crew factor (Experience, Supervision, Visibility, Communication):			
<b>RISK ASSESSMENT</b>			
Completed (date/time):		RA Number:	
<b>LIFT DESIGN</b>			
Specify lifting and rigging equipment:			
Sketch/layout of lifting & rigging equipment attached:	Y <input type="checkbox"/>	N <input type="checkbox"/>	

Lift Plan				
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**LIFT PROCEDURE**

Step 1:	
Step 2:	
Step 3:	

**COMMUNICATION**

Hand signals agreed:	
Radio (No.s in use / Distribution):	
Other:	

**PERSONNEL**

Supervisor / Banksman (name):	
Crane Operator (name):	
Riggers (names):	

**CHECK LIST**

Crane Last inspection (date):		
Crane Last tested (date):		
Lifting equipment new (date):		
Lifting equipment visual inspection (date):		
Toolbox Talk briefed:	Y <input type="checkbox"/>	N <input type="checkbox"/>
Engineering complete & approved by CoolCo Project Manager		
Permit To Work issued:	Y <input type="checkbox"/>	N <input type="checkbox"/>

**LESSONS LEARNED REVIEW AFTER LIFT:**

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**LIFT PLAN APPROVED BY:**

Head Of Department Name:		Signature:	
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