

Offshore Crane Request Form

1.	Type of unit where the crane is mounted on: Semi-Submersible Jack-up	OPlatform (b	ottom supported)
	○ Ship, please specify type Vessel of opportunity	Other, plea	se specify
2.	Type of crane required: Boom Hoist / Lattice Boom Other, please specify		○ Knuckle Boom
3.	Power required for the crane: Diesel-Hydraulic Electric-Hydraulic	○ Fu	II-Electric
4.	Main Hook Lifts:		
	O MT at [m] radius; lift type*:	with	[m] Significant Wave Height
	O MT at[m] radius; lift type*:	with	[m] SWH
	O MT at[m] radius; lift type*:	with	[m] SWH
	O MT at[m] radius; lift type*:	with	[m] SWH
	*Lift type: own deck / supply boat / harbour / seabed / bottom sup	ported structure / et	cc.
5.	Auxiliary Hook Lifts:		
	O MT at[m] radius; lift type*:	with	[m] SWH
	O MT at[m] radius; lift type*:	with	[m] SWH
	MT at[m] radius; lift type*:		
	*Lift type: own deck / supply boat / harbour / seabed / bottom sup	ported structure / et	cc.
6.	Use of crane in relation to sea-water level:		0-
	(A) ways above sea water level (S) ubsea (under water), up to a depth of [m].		
	At point 4 or 5 please state which lift will need to go to this depth.		
7.	Boom Length:		
	Maximum working radius:[m]		
	Required hoisting height: [m] (if only for cert.	ain lifts please state	which ones).
8.	Maximum crane weight (if limited by design of ship/installation): Maximum crane weight:N.A [MT] OR Maximum Axial force on pedestal:[MT]		
9.	Does the crane require Active Heave Compensation (A	.HC)? OYe	s 🔾 No
10.	Certification / Verification by:		
10.	ABS DNV-GL Lloyd's Register Other, please specify Vendor certified		itas
11.	Main Design code: API-2C ABS EN-13852 NORSOK Other, please specify TBA		○ CLAME (Lloyd's Register)
12.	Hazardous area classification zone (safe area, zone 1 or zone 2) Rotating Structure zone:N.A OBoom zone:N.A		
13.	Special features / additional remarks: To be used with vessel of opportunity, mobilisation fletransport required. HPU required.	exibility importar	nt. Footprint and weight to suit road and sea