



CD6: Crane / Derrick and Mast Climber Plumbness and Torque Notification / Anchor Bolt Pull Out Test

File 2 copies / Application must be typewritten

CD Number: _____ CN Number: _____

1 Location of Job

Borough _____ BIN _____ Job Number _____
 House No.(s) _____ Street Name _____
 Special Place Name / A.K.A. _____

2 Crane / Mast Climber Information

Manufacturer _____ Model Number _____
 Luffing Boom Horizontal Boom Articulating Jib Other: _____
 Tower Crane: External Climbing Crane Internal Climbing Crane Mast Climber: Single Mast Double Mast

3 Licensed Surveyor / Professional Engineer's Information

License Type Licensed Surveyor Professional Engineer License # _____
 Last Name _____ First Name _____ M.I. _____
 Business Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____ E-mail _____

This is to Certify that I have measured the out of plumbness for _____ tower / mast sections of the above crane / mast climber with a total height of _____ feet _____ inches. The lean towards the following directions indicated below was determined to be: _____ inches _____ (Direction); _____ inches _____ (Direction);

Date of Survey _____ Signature _____ Date _____

4 Tower / Mast Bracing Anchor Bolt Pull-out Test

Testing Laboratory _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____ E-mail _____

Person Performing Test			Title	License #	State		
Location	Elev. / Floor	# Tested / Total # of Anchors	Wall Construction	Attachment Type	Bolt Size	Test Load	Design Load

I, the undersigned, am a PE or qualified technician of the above testing laboratory. I have performed / witnessed the anchor bolt pull-out test for bracing support of above hoisting equipment installation. I hereby certify that the anchors safely sustained the test pull without failure.

Signature _____ Date _____ Date of Survey _____

5 Supervisor's Statement

Rigger Type Master Rigger Tower Crane Rigger License # _____
 Last Name _____ First Name _____ M.I. _____
 Business Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____ E-mail _____

This is to certify that the above installed _____ sections were torqued to _____ ft. lbs on _____ by _____ under my supervision. The manufacturer's recommended bolt-torque value is _____ ft. lbs. The Manufacturer's allowable out of plumbness is: _____ inches _____ (Direction); _____ inches _____ (Direction);

Date of Survey _____ Signature _____ Date _____