

**RESCINDED BY BUILDINGS
BULLETIN 2025-007**



DEPARTMENT OF BUILDINGS

EXECUTIVE OFFICES

60 HUDSON STREET, NEW YORK, N. Y. 10013

CHARLES M. SMITH, Jr., R.A., Commissioner

312-8100

JACOB GRILL, P.E.
Assistant Commissioner
(212) 312-8301

ISSUANCE # 132

TECHNICAL
POLICY AND PROCEDURE NOTICE # 17/88

TO: DISTRIBUTION (See Attached List)

FROM: Jacob Grill, P.E., Assistant Commissioner

DATE: September 29, 1988

SUBJECT: PLUMENESS AND BOLT TORQUE REPORT FOR CLIMBER CRANES
(FORM # 32).

**RESCINDED BY BUILDINGS
BULLETIN 2025-007**



Form 32
ISSUANCE # 132

DEPARTMENT OF BUILDINGS

EXECUTIVE OFFICES
60 HUDSON STREET, NEW YORK, N. Y. 10013
CHARLES M. SMITH, Jr., R.A., *Commissioner*
312-8100

JACOB GRILL, P.E.
Assistant Commissioner
(212) 312-8301

TECHNICAL
POLICY AND PROCEDURE NOTICE # 17/88

This form is to be completed and sent or hand delivered to the Cranes and Derricks Division within Forty Eight (48) hours of the initial set up of an Internal or External climber crane, or after plumbing and torquing an External Climber Crane after each jump.

Crane C.D.# _____/C.N.# _____
Crane Location: _____

External Climbing Crane: ☐

(Check one)

Internal Climbing Crane: ☐

This is to certify that suveyor _____ measured the out of
(print name)
plumbness for _____ tower sections of the above crane with a tower
(number)
height of _____ feet _____ inches. The lean towards the following
directions indicated below was determined to be:

_____ inches _____
(direction) (manufacturers allowable)

_____ inches _____
(direction) (manufacturers allowable)

(Signature of Suveyor)

This is also to certify that the above newly installed _____ sections were
(number)
torqued to _____ feet-pound on _____ under the supervi-
(Date)
sion of:

(print name) (Signature) (Title)
The manufacturer's recommended bolt-torque value is _____ feet-pound.

NAME OF OWNER OR CONTRACTOR(print): _____

SIGNATURE OF OWNER OR CONTRACTOR: _____

NAME OF COMPANY: _____

ADDRESS: _____

TELEPHONE NUMBER:() _____