# Site Specific Steel Erection Plan and Checklist

Job Name: ______________________________________________________________

Job Number: ___________________ Date: __________________________________

Erector:_________________________ Project Eng.___________________________

Sheeter:_________________________ Qualified Person:_______________________

Anchor Bolt Cont.:__________________ Fabricator:____________________________

Crane Optr:_______________________ Qualified Rigger:_______________________

## Scope of Work

<table>
<thead>
<tr>
<th>Work</th>
<th>Sq. Ft.</th>
<th>Tons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Engineered Metal Building</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conventional Steel Building</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Roofing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Siding</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Decking</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Miscellaneous Steel</td>
<td></td>
<td></td>
</tr>
<tr>
<td>General Miscellaneous</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

General Description of Work: _________________________________________
____________________________________________________________________
____________________________________________________________________

## 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
- JLG Lift / Tie-Off
- Scissor Lift / Guardrails
- Vertical Lifeline / Harness and Lanyard
- Retractable Lanyard / Harness
- Other – Explain ___________________

4. Installation of Roofing & Associated Insulation
- JLG Lift / Tie-Off
- Scissor Lift / Guardrails
- Vertical Lifeline / Harness and Lanyard
- Retractable Lanyard / Harness
- Other – Explain ___________________

5. Installation of Decking
- JLG Lift / Tie-Off
- Scissor Lift / Guardrails
- Vertical Lifeline / Harness and Lanyard
- Retractable Lanyard / Harness
- Other – Explain ___________________

6. Unprotected Sides / Edges
- JLG Lift / Tie-Off
- Scissor Lift / Guardrails
- Vertical Lifeline / Harness and Lanyard
- Retractable Lanyard / Harness
- Other – Explain ___________________

7. Leading Edges
- JLG Lift / Tie-Off
- Scissor Lift / Guardrails
- Vertical Lifeline / Harness and Lanyard
- Retractable Lanyard / Harness
- Other – Explain ___________________

8. Holes
- JLG Lift / Tie-Off
- Scissor Lift / Guardrails
- Vertical Lifeline / Harness and Lanyard
- Retractable Lanyard / Harness
- Other – Explain ___________________

9. Wall Opening
- JLG Lift / Tie-Off
- Scissor Lift / Guardrails
- Vertical Lifeline / Harness and Lanyard
- Retractable Lanyard / Harness
- Other – Explain ___________________

10. Has fall protection training been documented?
- Yes ☐  No ☐

11. Is a competent person on-site at all times?
- Yes ☐  No ☐

12. Were fall protection systems designed by a Qualified Person?
- Yes ☐  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 ☐ 1st Aid Trained Personnel ☐ Hoists
☐ Aerial Lifts ☐ Other

Comments: __________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Completed By: ___________________________________________ Date: ______________
Reviewed By: ___________________________________________ Date: ______________