

Equipment Move Checklist

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Scope of works

GENERAL			
ACTION		DEPARTMENT/PERSON RESPONSIBLE	COMMENTS
IS AN INDUCTION REQUIRED?	Y <input type="checkbox"/> N <input type="checkbox"/>		
IF YES, WHAT TIME / LOCATION?			
WELFARE FACILITIES?	Y <input type="checkbox"/> N <input type="checkbox"/>		
FIRST AID FACILITIES?	Y <input type="checkbox"/> N <input type="checkbox"/>		
WILL OTHER SUB-CONTRACTORS BE WORKING ON SITE?	Y <input type="checkbox"/> N <input type="checkbox"/>		
IF YES, ANY POTENTIAL HAZARDS OR CONFLICTS, (E.G. WORKING OVERHEAD?)	Y <input type="checkbox"/> N <input type="checkbox"/>		
ANY RESTRICTIONS FOR WORKING OR VEHICLE ACCESS?	Y <input type="checkbox"/> N <input type="checkbox"/>		
IS THERE SPACE TO COMPLETE JOB ON-SITE EFFICIENTLY?	Y <input type="checkbox"/> N <input type="checkbox"/>		
RESTRICTED TIMES FOR DELIVERIES/COLLECTIONS?	Y <input type="checkbox"/> N <input type="checkbox"/>		
IS THERE A LOADING DOCK?	Y <input type="checkbox"/> N <input type="checkbox"/>		
WHAT'S THE HEIGHT & DEPTH FROM THE BUILDING?			
WHAT'S THE DISTANCE FROM LOADING DOCK TO LOCATION OF EQUIPMENT?			

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GENERAL			
ACTION		DEPARTMENT/PERSON RESPONSIBLE	COMMENTS
WHAT'S THE DISTANCE TO PACKING AREA?			
ARE THERE ANY ACCESS ISSUES FOR VEHICLES? (E.G. ARTICULATED TRUCKS, CONTAINERS ETC.)	Y <input type="checkbox"/> N <input type="checkbox"/>		
IF YES, HOW DO WE OVERCOME ISSUES?			
WHAT ARE THE GROUND CONDITIONS?			
WHAT TYPE OF VEHICLES ARE REQUIRED?			
HOW MANY VEHICLES ARE REQUIRED?			

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LOCATION OF EQUIPMENT			
ACTION		DEPARTMENT/PERSON RESPONSIBLE	COMMENTS
CLEAN ROOM ENVIRONMENT?	Y <input type="checkbox"/> N <input type="checkbox"/>		
IF YES, IS CLOTHING PROVIDED?	Y <input type="checkbox"/> N <input type="checkbox"/>		
DIRTY ENVIRONMENT?	Y <input type="checkbox"/> N <input type="checkbox"/>		
IF YES, ARE OVERALLS REQUIRED?	Y <input type="checkbox"/> N <input type="checkbox"/>		
IS FLOOR PROTECTION REQUIRED FOR MOVE ROUTE? (E.G. STAINLESS STEEL / PLY / PVC SHEETS)	Y <input type="checkbox"/> N <input type="checkbox"/>		
WHAT'S THE FLOOR LOADING CAPACITY?			
WHERE IS THE EQUIPMENT LOCATED?			
IS IT LARGE ENOUGH FOR WORKING AREA (2M AROUND LARGEST FOOTPRINT)?	Y <input type="checkbox"/> N <input type="checkbox"/>		
ARE THERE ANY ACCESS ISSUES? (THINK ABOUT DOORS, RAMPS, LIFTS, STAIRS, CORRIDORS, TERRAIN, WEATHER CONDITIONS ETC.)	Y <input type="checkbox"/> N <input type="checkbox"/>		
IF YES, WHAT ARE THE ISSUES?			
IS THERE SPACE TO STORE FLAT PACKED CASES & MATERIALS?	Y <input type="checkbox"/> N <input type="checkbox"/>		
WHERE IS THE CRATED EQUIPMENT BEING STORED?	Y <input type="checkbox"/> N <input type="checkbox"/>		

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LOCATION OF EQUIPMENT			
ACTION		DEPARTMENT/PERSON RESPONSIBLE	COMMENTS
IS THERE POWER?	Y <input type="checkbox"/> N <input type="checkbox"/>		
IF YES, WHAT TYPE OF SOCKET?			
WILL THERE BE OTHER USERS IN THE AREA? (E.G. IS IT A THOROUGHFARE?)	Y <input type="checkbox"/> N <input type="checkbox"/>		
ANY THERE ANY OTHER RESTRICTIONS, SUCH AS HEIGHT/WIDTH OF EQUIPMENT, TIGHT CORNERS, OR PINCH POINTS?	Y <input type="checkbox"/> N <input type="checkbox"/>		
IF YES, WHAT ARE THE ISSUES?			
ARE THERE ANY HAZARDS TO CONSIDER?	Y <input type="checkbox"/> N <input type="checkbox"/>		
IF YES, WHAT ARE THEY?			
DOES THE EQUIPMENT NEED TO BE DRAINED?	Y <input type="checkbox"/> N <input type="checkbox"/>		
ARE BLANKS REQUIRED?	Y <input type="checkbox"/> N <input type="checkbox"/>		
ARE THERE ANY CHEMICAL HAZARDS?	Y <input type="checkbox"/> N <input type="checkbox"/>		
IF YES, DO WE HAVE MSDS/COSHH SHEETS?	Y <input type="checkbox"/> N <input type="checkbox"/>		

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PLANT / TOOL / EQUIPMENT REQUIREMENTS			
ACTION		DEPARTMENT/PERSON RESPONSIBLE	COMMENTS
IS A FORKLIFT REQUIRED?	Y <input type="checkbox"/> N <input type="checkbox"/>		
WHAT CAPACITY & FORK LENGTH?			
WHAT CARRIAGE WIDTH IS REQUIRED?			
WHAT LIFT HEIGHT IS REQUIRED?			
IS THERE ANY PLANT ON-SITE & AVAILABLE TO USE?	Y <input type="checkbox"/> N <input type="checkbox"/>		
ARE THE LOLER CERTIFICATES AVAILABLE?	Y <input type="checkbox"/> N <input type="checkbox"/>		
IS A CRANE REQUIRED?	Y <input type="checkbox"/> N <input type="checkbox"/>		
WHAT CAPACITY	Y <input type="checkbox"/> N <input type="checkbox"/>		
WHERE WILL IT SET UP?	Y <input type="checkbox"/> N <input type="checkbox"/>		
IS THERE ENOUGH ROOM CRANE & VEHICLE?	Y <input type="checkbox"/> N <input type="checkbox"/>		
ARE THERE ANY UNDERGROUND FACILITIES TO CONSIDER?	Y <input type="checkbox"/> N <input type="checkbox"/>		
IS ANY OTHER SPECIAL EQUIPMENT REQUIRED? (GENIE LIFT, A-FRAME GANTRY, COUNTERBALANCE FLOOR CRANE ETC.)	Y <input type="checkbox"/> N <input type="checkbox"/>		

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PLANT / TOOL / EQUIPMENT REQUIREMENTS			
ACTION		DEPARTMENT/PERSON RESPONSIBLE	COMMENTS
ARE SKIPS OR WASTE DISPOSAL REQUIRED?	Y <input type="checkbox"/> N <input type="checkbox"/>		
IS THERE ACCESS TO POWER?	Y <input type="checkbox"/> N <input type="checkbox"/>		
ARE 240V TOOLS RESTRICTED?	Y <input type="checkbox"/> N <input type="checkbox"/>		
IS WAH INVOLVED?	Y <input type="checkbox"/> N <input type="checkbox"/>		
LADDERS?	Y <input type="checkbox"/> N <input type="checkbox"/>		
MEWP? (BOOM OR SCISSOR?)	Y <input type="checkbox"/> N <input type="checkbox"/>		
ARE SAFETY RESTRAINTS REQUIRED?	Y <input type="checkbox"/> N <input type="checkbox"/>		
IS THERE A RESCUE PLAN?	Y <input type="checkbox"/> N <input type="checkbox"/>		

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INSURANCE			
ACTION		DEPARTMENT/PERSON RESPONSIBLE	COMMENTS
IS THE EQUIPMENT INSURED BY IES?	Y <input type="checkbox"/> N <input type="checkbox"/>		
WHAT'S THE VALUE?			
WHAT'S THE SCOPE OF INSURANCE?			
WHAT'S THE EXCESS?			

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PACKING			
ACTION		DEPARTMENT/PERSON RESPONSIBLE	COMMENTS
ARE TOOLS REQUIRED?	Y <input type="checkbox"/> N <input type="checkbox"/>		
ARE MATERIALS REQUIRED?	Y <input type="checkbox"/> N <input type="checkbox"/>		
ARE FOIL OR POLY BAGS REQUIRED?	Y <input type="checkbox"/> N <input type="checkbox"/>		
WHAT ARE THE ACTUAL DIMS OF THE UNIT?			
WHAT ARE THE PACKING REQUIREMENTS?			
FULL TIMBER CRATE?	Y <input type="checkbox"/> N <input type="checkbox"/>		
PLY BATTEN CRATE?	Y <input type="checkbox"/> N <input type="checkbox"/>		
STANDARD BASE?	Y <input type="checkbox"/> N <input type="checkbox"/>		
MACHINE BASE?	Y <input type="checkbox"/> N <input type="checkbox"/>		
HEAVY DUTY MACHINE BASE?	Y <input type="checkbox"/> N <input type="checkbox"/>		
ANTI-VIBRATION BASE?	Y <input type="checkbox"/> N <input type="checkbox"/>		
ARE THERE EXTERNAL HEIGHT/DIMS CONSIDERATIONS?	Y <input type="checkbox"/> N <input type="checkbox"/>		
WHAT'S THE MAX WEIGHT FOR THE SCALES?			
HOW IS IT BEING LOADED?			
DOES THERE NEED TO BE SPECIAL CONSIDERATION FOR CRANE?	Y <input type="checkbox"/> N <input type="checkbox"/>		