

Personnel transfer by crane plan

- Blue fields** to be completed by the active vessel (the vessel operating the crane)
- Grey fields** to be completed by the passive vessel
- Yellow fields** to be completed by the vessel providing the Personnel Transfer Basket (PTB)
- White fields** to be agreed between both vessels before the transfer – this can be done over VHF

| | |
|-----------------------|------------------------|
| Name of active vessel | Name of passive vessel |
| Date of transfer | Location of transfer |

Risk assessment

Environmental Conditions

| | | | | | |
|--------------|--|-------------------------------|------------------|--|-------------------------------|
| Winds | Direction <input type="text"/> ° True | Speed <input type="text"/> kn | Seas | Direction <input type="text"/> ° True | Height <input type="text"/> M |
| Swell | Direction <input type="text"/> ° True | Height <input type="text"/> M | 2nd Swell | Direction <input type="text"/> ° True | Height <input type="text"/> M |
| | Swell period <input type="text"/> sec. | | | Swell period <input type="text"/> sec. | |

Visibility

Day Night Restricted visibility Other

Taking into account environmental conditions and the vessel characteristics is it safest to transfer

Via crane Via pilot ladder Via accommodation ladder Await safer conditions

Confirm there is sufficient sea room to complete the personnel transfer

The passive vessel is better designed and equipped for transfer by: Crane Pilot ladder Accommodation ladder



Taking into account environmental conditions and the vessel characteristics is it safest to transfer

At anchor Underway but stopped Underway making way

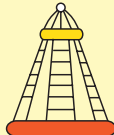
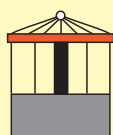

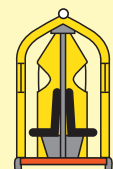
Taking into account environmental conditions and available sea room the active ship will provide a lee

Optimal heading to best provide a lee: ° True to ° True

Taking into account environmental conditions and the vessel characteristics is it safest to transfer

Bow to bow  Bow to stern 

Permit to Work for transfer by crane

| | | | |
|---|---|--|---|
| Crane Derricks should not be used for personnel transfers | | | |
| For the personnel transfer the crane will be rated | | <input style="width: 50px; height: 20px;" type="text"/> T | This is equal to or less than 50% of the crane's SWL. |
| Date of last crane inspection by class | <input style="width: 80px; height: 25px;" type="text"/> | Wire replaced | <input style="width: 80px; height: 25px;" type="text"/> |
| Date of last shipboard inspection | | <input style="width: 100px; height: 25px;" type="text"/> | |
| The following items were checked | | | |
| Hoist wire | <input type="checkbox"/> | Blocks | <input type="checkbox"/> |
| Wire terminations | <input type="checkbox"/> | Hydraulics | <input type="checkbox"/> |
| | | Sheaves | <input type="checkbox"/> |
| | | Hook | <input type="checkbox"/> |
| | | Drums | <input type="checkbox"/> |
| | | Swivel | <input type="checkbox"/> |
| All in good order? | | <input style="width: 100px; height: 25px;" type="text"/> | |
| Hook fitted with a safety latch? | <input type="checkbox"/> | Additional slings removed? | <input type="checkbox"/> |
| Ship staff last tested the operation of the crane on <input style="width: 100px; height: 25px;" type="text"/> | | | |
| The following were tested and functioning properly: | | | |
| Topping lift to maximum and minimum extent | <input type="checkbox"/> | Runner lifted to maximum height | <input type="checkbox"/> |
| Limit switch functioning properly | <input type="checkbox"/> | Crane slewed 90° clockwise & anti-clockwise | <input type="checkbox"/> |
| Brakes functioning properly | <input type="checkbox"/> | Fall arrestor functioning properly (if fitted) | <input type="checkbox"/> |
| ADVISORY Dirty or excessively lubricated wires cannot be inspected effectively. Spot cleaning at random intervals should be performed for a proper inspection to take place. | | | |
| Personnel Transfer Basket (PTB) | | | |
| Type of PTB | | | |
|  |  |  |  |
| Collapsible <input type="checkbox"/> | Rigid <input type="checkbox"/> | Canopy <input type="checkbox"/> | Capsule <input type="checkbox"/> |
| PTB supplied by | | Active vessel <input type="checkbox"/> | Passive vessel <input type="checkbox"/> |
| Date of manufacture | | Certificate date | |
| PTB last certified on (if applicable) | | Last shipboard inspection | |
| The following were inspected: | | | |
| Base ring | <input type="checkbox"/> | Lift sling | <input type="checkbox"/> |
| Top ring | <input type="checkbox"/> | Lift ring | <input type="checkbox"/> |
| | | Tensioner | <input type="checkbox"/> |
| | | Tag lines | <input type="checkbox"/> |
| | | Netting | <input type="checkbox"/> |
| | | All in good order? | <input type="checkbox"/> |
| Comments | | | |

Compatibility analysis

Number of personnel being transferred

Capacity of PTB

SWL

or

of people

Number of transfers

Confirm the active vessel's freeboard is greater than the passive vessel's freeboard

Height of basket

+

 M

Height of the lifting sling

 M

Overall PTB height

 M

Max. height of hook

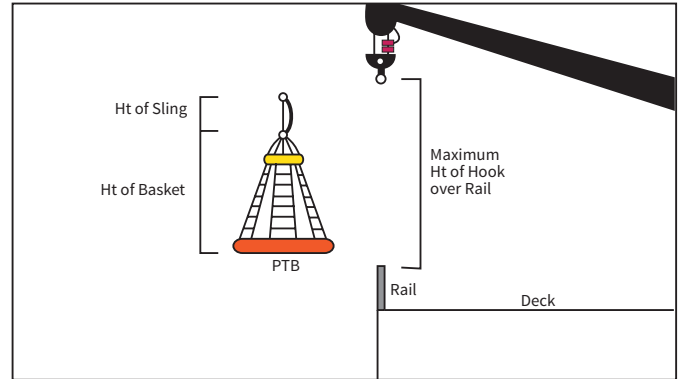
 M

Overall PTB height

-

 M

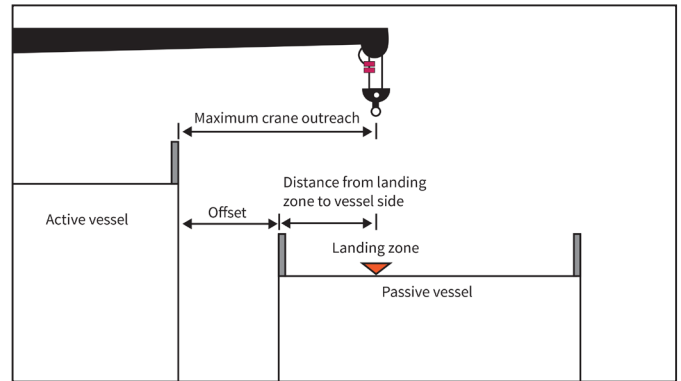
Available clearance

 M


Will the PTB safely clear the rail? Yes No

Is there sufficient crane outreach so the PTB can be landed or lifted safely without having to pull the PTB out of vertical alignment with the crane hook?

Yes No



Are there any obstructions on the deck of the active vessel? Yes No

Please describe

Are there any obstructions on the deck of the passive vessel? Yes No

Please describe

Transfer by crane plan

Radio communications have been established and the following plan has been agreed

| | | |
|--|-------------------|--------------|
| The active vessel will be underway <input type="checkbox"/> at anchor <input type="checkbox"/> | on heading ° True | and speed kn |
|--|-------------------|--------------|

| | | |
|--|-------------|----------------|
| The port <input type="checkbox"/> stbd <input type="checkbox"/> mid ship's crane shall be used to transfer | # of people | # of transfers |
|--|-------------|----------------|

| |
|--|
| The passive vessel will approach bow-bow <input type="checkbox"/> bow-stern <input type="checkbox"/> alongside the active vessel |
|--|

| |
|---|
| A test load will be conducted to test the plan. Luggage will <input type="checkbox"/> will not <input type="checkbox"/> be transferred during this test |
|---|

| | |
|---|-------------------------------|
| On the active vessel the responsible person will be (title) | The signaller will be (title) |
|---|-------------------------------|

| | |
|--|-------------------------------|
| On the passive vessel the responsible person will be (title) | The signaller will be (title) |
|--|-------------------------------|

| | |
|--|---|
| Number of personnel attending on the active vessel # | Number of personnel attending on the passive vessel # |
|--|---|

| |
|---|
| Personnel being transferred will wear the following Personal Protective Equipment (PPE): Personal Flotation Device <input type="checkbox"/> Safety shoes <input type="checkbox"/> Hard hats <input type="checkbox"/> Strobe light <input type="checkbox"/> Other (specify) |
|---|

| |
|---|
| In an emergency the following life saving equipment is available: Life rings <input type="checkbox"/> Smoke signalling buoy <input type="checkbox"/> Rapid rescue craft <input type="checkbox"/> Additional lighting <input type="checkbox"/> Other (specify) |
|---|

| |
|--|
| Permits to work have been completed Active vessel <input type="checkbox"/> Passive vessel <input type="checkbox"/> |
|--|

| |
|---|
| All personnel with responsibilities described above have been found competent. They have been briefed, understand and agree to this transfer plan. Active vessel <input type="checkbox"/> Personnel being transferred <input type="checkbox"/> Passive vessel <input type="checkbox"/> |
|---|

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|--|
| It is understood and agreed that both vessels and the personnel being transferred have authority to stop the transfer if conditions are unsafe or if they have become unsafe. <input type="checkbox"/> |
|--|

| |
|---|
| The contents of this transfer plan have been exchanged between responsible persons on each vessel and with personnel being transferred. All parties have agreed to this plan. ____ signature ____ rank ____ time (zone description) ____ date |
|---|