|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Project: | | | | | | Company: | | | | | |
| Movement Date: | | | | | | Screen Numbers: | | | | | |
| Screen Levels and Area (e.g. Pour 1 Level 6 -7): | | | | | | | | | | | |
| Screen Supervisor: | | | | | | Mirvac Supervisor: | | | | | |
| Attachments: (Mandatory)   * Back Propping Plan (section and plan view) * Screen Layout Plan (highlighting screens to be lifted, screen numbers and intended direction) | | | | | | Other: | | | | | |
| Pre-Lift Planning | | | | | | | | Yes | No | N/A | Comments | |
| 1 | | All workers have signed in to relevant SWMS? | | | | | |  |  |  |  | |
| 2 | | Competent persons as identified in the SWMS hold the required licences? *(i.e. Riggers RI, RA)* | | | | | |  |  |  |  | |
| 3 | | Exclusion Zones, barricades and signage are in place? | | | | | |  |  |  |  | |
| 4 | | All cast ins have been checked and locations verified? *(all fixings etc. are as per design documentation)* | | | | | |  |  |  |  | |
| 5 | | Needle supports have been checked and are as per design?  Needles are in place to upper level? | | | | | |  |  |  |  | |
| 6 | | Back props below needles are in place and checked in accordance with design documentation? *(attached for ease of reference)* | | | | | |  |  |  |  | |
| 7 | | Screen platforms and immediate working areas *(minimum of 2m inside the perimeter)* have been cleaned, checked for debris and loose materials and are ready for lifting? | | | | | |  |  |  |  | |
| 8 | | Temporary handrails or completed building edge protection systems (i.e. balustrade) are in place must be 100% protected to lower floors prior to lifting screens? | | | | | |  |  |  |  | |
| 9 | | Consultation with other trades has be undertaken and all in the immediate work area/s are aware of the screen lifting activity? | | | | | |  |  |  |  | |
| **HOLD POINT – Mirvac Supervisor inspection required prior to proceeding.** | | | | | | | | | | | | |
| **Mirvac Supervisor:** | | | Name: |  | Signature: |  | | | | | Date: |  |
| Lifting | | | | | | | | Yes | No | N/A | Comments | |
| 1 | | Lifting/rigging methodology has been agreed and toolbox held with crane and screen crews? (i.e. discuss sequence, connection, communication) | | | | | |  |  |  |  | |
| 2 | | Lifting equipment attached to certified lifting points, lifting equipment to have no slack prior to removing props or needles? | | | | | |  |  |  |  | |
| 3 | | Screen workers have radio contact in place on a secure channel?  *(lead rigger positioned at pinning level with dogman, spotters below with other dogman)* | | | | | |  |  |  |  | |
| 4 | | Push Pull Props have been detached and pinned to screen? | | | | | |  |  |  |  | |
| 5 | | Suitable access to lifting points has been provided? | | | | | |  |  |  |  | |
| 6 | | When removing platform/flap infills prior to lifting, ensure no gaps greater than 225mm exist. All flaps and infills are clear with no potential snagging points? | | | | | |  |  |  |  | |
| 7 | | Fall restraint connections have been checked and fall restraint equipment, tested and tagged as required? In accordance with SWMS requirements. | | | | | |  |  |  |  | |
| ***Note, this screen checklist cannot be signed off for use until any previous screen checklists have been completed in full with final sign off by a Mirvac Supervisor.*** | | | | | | | | | | | | |
| **Signoff by formwork Lead Rigger that screens are ready for lifting:** | | | | | | | | | | | | |
| **Lead Rigger:** | | | Name: |  | Signature: |  | | | | | Date: |  |
| **Approval by Mirvac Supervisor that visual inspection of screen supports and propping has been undertaken:** | | | | | | | | | | | | |
| **Mirvac Supervisor:** | | | Name: |  | Signature: |  | | | | | Date: |  |
| Post lifting | | | | | | | | Yes | No | N/A | Comments | |
| 1 | | All support pins, locks, guides and fixings are secure and in correct position as per design and requirement? *(Fixing bars have double nuts, fixing bar lengths are a minimum of 1 full thread past the top nut. Bars have protective caps installed)* | | | | | |  |  |  |  | |
| 2 | | Protection flaps and covers have been positioned? (Lowest platform 100% sealed for containment) Vertical and horizontal gaps on screens and returns have been sealed? Note \*screening to have no gap greater than 25mmx50mm. A kick board should be installed to platforms. | | | | | |  |  |  |  | |
| 3 | | All platforms have been checked for damage and are fit for use? | | | | | |  |  |  |  | |
| 4 | | Props have been refitted and locked into position? | | | | | |  |  |  |  | |
| 5 | | All screens are to be plumed in both directions prior to removing lifting equipment? | | | | | |  |  |  |  | |
| 6 | | All screens have been inspected post lifting and are installed to design documentation? | | | | | |  |  |  |  | |
| 7 | | All rigging equipment has been removed? | | | | | |  |  |  |  | |
| 8 | | All exclusion zones have been cleared? | | | | | |  |  |  |  | |
| **Comments:** | | | | | | | | | | | | |
| **Signoff for Use - *All screens have been checked to ensure installation is per design documentation and all safety requirements have been implemented*:** | | | | | | | | | | | | |
| **Screen Supervisor:** | | | Name: |  | Signature: |  | | | | | Date: |  |
| **Mirvac Supervisor:** | | | Name: |  | Signature: |  | | | | | Date: |  |