



CD12: Designation of Crane Safety Coordinator

CD Number: \_\_\_\_\_ CN Number: \_\_\_\_\_

**1 Location Information**

House No(s) Street Name  
Borough Block Lot

**2 Owner or Contractor Statement**

Name Telephone  
Address

I have been apprised of the requirements to provide flag person to stop pedestrian traffic when lifting over the sidewalk and to stop vehicular traffic when lifting over the roadway. I am also aware that closing of sidewalk or roadway or temporary obstruction of same requires concurrent approval from the Department of Transportation. Mr./Ms. \_\_\_\_\_, representing the owner or contractor, has been designated as safety coordinator to ensure that these safety precautions are adhered to.

Signature Date

**3 Crane Safety Coordinator Statement**

Name Telephone  
Address

I, \_\_\_\_\_, am a PE, RA or a person having at least 5 years of construction experience. I hereby certify that I will act as the designated Crane Safety Coordinator and shall be responsible for the control of pedestrian and vehicular traffic within the designated hoisting areas. I will also supervise compliance with the Crane Notice Application and the drawings which form part of this On-Site Hoisting Device Application.

Signature Date