



DEPARTMENT OF BUILDINGS

EXECUTIVE OFFICES

60 HUDSON STREET, NEW YORK, N. Y. 10013

CHARLES M. SMITH, Jr., R.A., *Commissioner*

312-8100

JACOB GRILL, P.E.
Assistant Commissioner
(212) 312-8301

ISSUANCE # 133

TECHNICAL
POLICY AND PROCEDURE NOTICE # 18 /88

TO: DISTRIBUTION (See Attached List)

FROM: Jacob Grill, P.E., Assistant Commissioner

DATE: September 29, 1988

SUBJECT: CERTIFICATION BY EXPERIENCED PERSON OF HAVING SUPERVISED
JUMPING OF EXTERNAL OR INTERNAL CLIMBER CRANE (FORM #33).

RESERVED



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Form CD 33
ISSUANCE # 133

TECHNICAL
POLICY AND PROCEDURE NOTICE # 18/88

This form is to be completed and sent or hand delivered to the Cranes and Derricks Division Forty Eight (48) hours before climbing or jumping a Tower Crane.

Crane C.D.# _____/C.N.# _____
Crane Location: _____

External Climbing Crane: (Check one)
Internal Climbing Crane:

Date of Jump: _____

I, _____ representing the owner of the crane or contractor have been designated as the supervisor in charge of jumping the above crane. I will personally check that all horizontal bracing, collars, shoring, and wedges conforms to the drawings approved by the Cranes and Derricks Division.

I, _____, am a person having at least three (3) years of experience in construction or erection of Tower Cranes.

SUPERVISOR'S NAME (print) _____

SUPERVISOR'S SIGNATURE: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

NAME OF OWNER OR CONTRACTOR (print) _____

SIGNATURE, OWNER OR CONTRACTOR: _____

NAME OF COMPANY: _____

ADDRESS: _____

TELEPHONE: _____