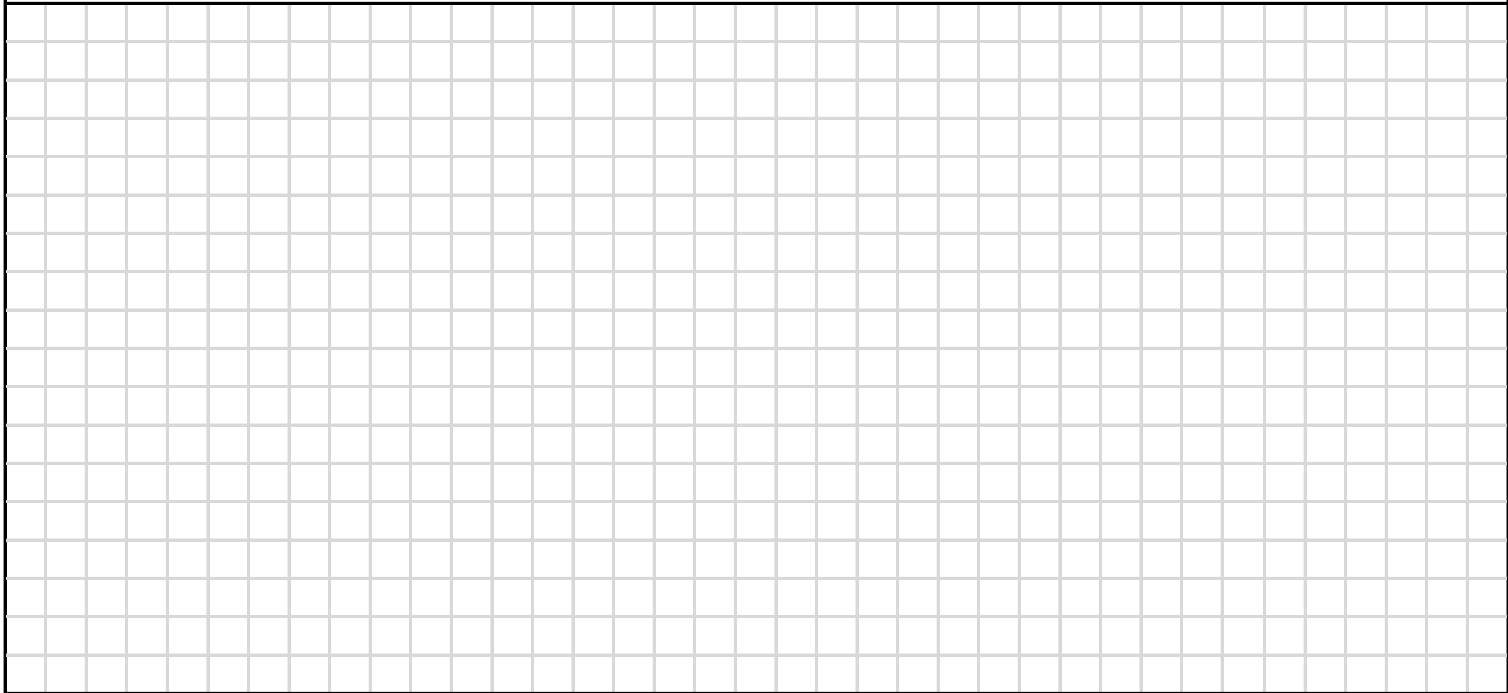


Client	Project Number (ELESDE USE)
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INPUT REQUIREMENTS

Type of Equipment	WLL	Sling Angle
	Standard	
Description of items being lifted	Any other functional requirements or restrictions	

DIAGRAM OF LIFT ARRANGEMENT



OUTPUT REQUIREMENTS

TASK	EL ES DE Scope	Client Scope	Not Required	Comments
Engineering Design	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Detail Design	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Manufacture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
NDT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Load Testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Supply of Rigging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Painting/Powdercoating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Load Decals, Load plate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Provide Drawings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Provide Engineering Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Provide MDR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Additional Comments

Specification Approved

Signed:	Signed:
Client Name :	EL ES DE Rep. Name :
Date:	Date: