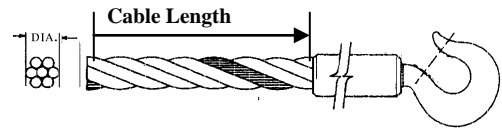
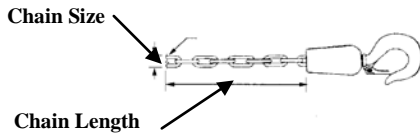


CRANE OPERATOR'S MONTHLY INSPECTION REPORT

(This form is to be filled using ink or ballpoint pen. Do not use pencil.)

Crane/Hoist Number	<input style="width: 90%;" type="text"/>	Year	<input style="width: 90%;" type="text"/>	Inspection Record Number	<input style="width: 90%;" type="text"/>
Manufacturer	<input style="width: 90%;" type="text"/>	Location	<input style="width: 90%;" type="text"/>		
Type Travel	<input style="width: 90%;" type="text"/>	Div/Sec	<input style="width: 90%;" type="text"/>		
Style	<input style="width: 90%;" type="text"/>	Lift	<input style="width: 90%;" type="text"/>	Span	<input style="width: 90%;" type="text"/>
Crane Contact	<input style="width: 90%;" type="text"/>	Ext	<input style="width: 90%;" type="text"/>	Pager	<input style="width: 90%;" type="text"/>
				Cap	<input style="width: 90%;" type="text"/>
				MS#	<input style="width: 90%;" type="text"/>

Chain/Rope Diameter Length



Inspection Date	Inspector	Ins. Upper Limit Sw.	Ins. Lower Limit Sw.	Motion Inspection	Mechanical Observation	Lower Block Assembly	Hoists

Note: Observations to cover such items as:

- 1) Pendant Markings
- 2) Smooth quiet operation of controls and operating mechanisms such as: running sheaves, brakes, gear boxes and wheel assemblies.
- 3) Hoist upper limit switch.
- 4) Lines, valves and other parts of air systems for leakage.
- 5) Hoist braking for proper operation.
- 6) Observations during operation should note deficiencies such as loose or frayed lines related to mechanical or electrical component conditions.

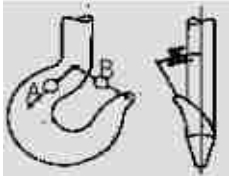


CRANE OPERATOR'S MONTHLY INSPECTION REPORT (Back Page)

Hook Inspection

Note: Dimension "A" is the reference dimension. Dimension "B" shall not exceed "A" more than 15%

Meas. A _____
 Meas. B _____
 Twist _____



Inspect Travel Motions	Electrical Systems Observation	Pendant Inspection	Repairs Required YES/NO	Description and/or Requirements	Inspection Date

For additional details refer to OSHA 1910 Section 179

Return a copy of this form to the crane management office when the form is completed.

Additional Remarks:

EHS-7007-L4-04
 Revised:
 Supersedes: (08/09/10)

Issuing Department: EHS
 Approval: **DRAFT**

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