CRANE OPERATOR'S MONTHLY INSPECTION REPORT

(This form is to be filled using ink or ballpoint pen. Do not use pencil.)
Crane/ Hoists that are stored in trucks or other mobile units must keep this report with the other crane/ hoist information in the Crane Office.

Crane/Hoist Number _____ **Year** _____ **Inspection Record Number** _____

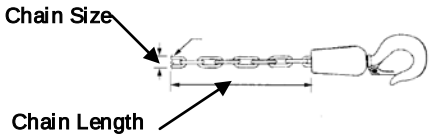
Manufacturer _____ **Location** _____ **Girder** _____ **Control** _____

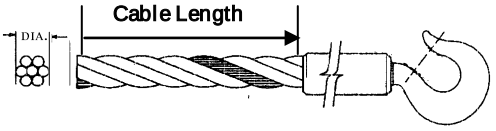
Type Travel _____ **Div/Sec** _____

Style _____ **Lift** _____ **Span** _____ **Cap** _____

Crane Contact _____ **Ext** _____ **Pager** _____ **MS#** _____

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.**

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Hooks shall be repaired or replaced if they have:

1. Any distortion causing an increase in throat opening of 5%, not to exceed 1/4 in.
2. Any visibly apparent bend or twist from the plane of the unbent hook.
3. Cracks, nicks, or gouges.
4. Wear exceeding 10% of the original dimension.

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

Additional Remarks:

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