

DAILY PRE-USE INSPECTION FOR CRANES.

ENSURE THAT THE FOLLOWING ITEMS ARE CHECKED BEFORE USING CRANES. REGISTER YOUR INSPECTION BELOW.

NOTE: EACH OPERATOR USING CRANE MUST PERFORM A PRE-USE INSPECTION

Crane _____ Capacity: _____ Location: _____

CAUTION: Operators are responsible for ensuring that the crane is in proper operating condition and to report any defects to their supervisor. IF NECESSARY – LOCK OUT EQUIPMENT TO PREVENT ACCIDENTAL USE

PRE-OPERATIONAL CHECKS	OK	NOT OK	PRE-OPERATIONAL CHECKS	OK	NOT OK
Test run unit, Check Operation of:	<input type="checkbox"/>	<input type="checkbox"/>	Chains: excessive Wear, Twist and Stretch	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Stop	<input type="checkbox"/>	<input type="checkbox"/>	Rope: Crushing, Kinking and Broken Wires	<input type="checkbox"/>	<input type="checkbox"/>
Pendant or Joystick	<input type="checkbox"/>	<input type="checkbox"/>	Check Load Attachments	<input type="checkbox"/>	<input type="checkbox"/>
Correct Direction	<input type="checkbox"/>	<input type="checkbox"/>	Capacity Rating	<input type="checkbox"/>	<input type="checkbox"/>
Brakes of all Motions	<input type="checkbox"/>	<input type="checkbox"/>	End Connectors	<input type="checkbox"/>	<input type="checkbox"/>
Check Load Hook for Wear and Cracks	<input type="checkbox"/>	<input type="checkbox"/>	Chains: excessive Wear, Twist and Stretch	<input type="checkbox"/>	<input type="checkbox"/>
Saddle Wear	<input type="checkbox"/>	<input type="checkbox"/>	Rope: Crushing, Kinking and Broken Wires	<input type="checkbox"/>	<input type="checkbox"/>
Twist	<input type="checkbox"/>	<input type="checkbox"/>	Check Upper Limit with No Load	<input type="checkbox"/>	<input type="checkbox"/>
Throat	<input type="checkbox"/>	<input type="checkbox"/>	Listen for Unusual Noises	<input type="checkbox"/>	<input type="checkbox"/>
Safety Latch	<input type="checkbox"/>	<input type="checkbox"/>	Look at the Crane While in Operation For:	<input type="checkbox"/>	<input type="checkbox"/>
Check Hoist Ropes or Chains	<input type="checkbox"/>	<input type="checkbox"/>	Crabbing	<input type="checkbox"/>	<input type="checkbox"/>
End connections	<input type="checkbox"/>	<input type="checkbox"/>	Jerky Movements	<input type="checkbox"/>	<input type="checkbox"/>
			OTHER	<input type="checkbox"/>	<input type="checkbox"/>

DATE	TIME	OPERATORS SIGNATURE	COMMENTS

To be completed by designated operators and when form is completed IT MUST be forwarded to your Shift Supervisor.