



## DAILY PRE-USE INSPECTION FOR MOBILE 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**

<u>PRE-OPERATIONAL CHECKS</u>	<u>OK</u>	<u>NOT OK</u>	<u>PRE-OPERATIONAL CHECKS</u>	<u>OK</u>	<u>NOT OK</u>
Test run unit, Check Operation of:	<input type="checkbox"/>	<input type="checkbox"/>	<b>Boom is free from damage, and works safely</b>	<input type="checkbox"/>	<input type="checkbox"/>
All controls go to neutral	<input type="checkbox"/>	<input type="checkbox"/>	<b>Load indicators or Boom Angle indicators are functioning</b>	<input type="checkbox"/>	<input type="checkbox"/>
Pendant or operators station	<input type="checkbox"/>	<input type="checkbox"/>	Check Load Attachments	<input type="checkbox"/>	<input type="checkbox"/>
Brakes of all Motions	<input type="checkbox"/>	<input type="checkbox"/>	Capacity Rating	<input type="checkbox"/>	<input type="checkbox"/>
Check Load Hook for Wear and Cracks	<input type="checkbox"/>	<input type="checkbox"/>	End Connectors	<input type="checkbox"/>	<input type="checkbox"/>
Carrier structure is free from damage	<input type="checkbox"/>	<input type="checkbox"/>	Damage	<input type="checkbox"/>	<input type="checkbox"/>
Cracks, broken bolts	<input type="checkbox"/>	<input type="checkbox"/>	<b>Chains: excessive Wear, Twist and Stretch</b>	<input type="checkbox"/>	<input type="checkbox"/>
Excessive wear	<input type="checkbox"/>	<input type="checkbox"/>	Look at the Crane While in Operation For:	<input type="checkbox"/>	<input type="checkbox"/>
Weather damage	<input type="checkbox"/>	<input type="checkbox"/>	Binding, jerky movements, unusual noises.	<input type="checkbox"/>	<input type="checkbox"/>
Check Hoist Ropes or Chains	<input type="checkbox"/>	<input type="checkbox"/>	Cracks and deformations	<input type="checkbox"/>	<input type="checkbox"/>
Out riggers are working properly	<input type="checkbox"/>	<input type="checkbox"/>	Is the operators manual in the truck?	<input type="checkbox"/>	<input type="checkbox"/>
Warning labels are readable	<input type="checkbox"/>	<input type="checkbox"/>	OTHER		
Hoses are free from damage/ leaks	<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.**