

Form 11-a1

Hydraulic Crane Inspection Record

Type Equipment: _____

Unit No.: _____

Location: _____

Project No.: _____

Inspected by: _____

Date: _____

Indicate by initialing "Yes" if item checked is adequate, operational, and safe. Initial "No" to indicate repair or other action is required. Use NA to indicate "Not applicable".

Items to be Checked		Yes	No	N/A
a.	Load line, lubricated, wound properly on drum, condition			
b.	Whip line, lubricated, wound properly on drum, condition			
c.	Hook and safety latches on load block			
d.	Hook and safety latches on headache ball			
e.	Cable at wear points			
f.	Pins in becket			
g.	Wedges installed			
h.	Clamps on dead ends			
i.	Hydraulic lines, no leakage			
j.	Outriggers, outrigger pads and pins			
k.	Lights, turn signals			
l.	Horn			
m.	Engine oil			
n.	Engine water level			
o.	Boom pins			
p.	Cotter pins			
q.	Steering			
r.	Tires			
s.	Controls, check operation in all motions			
t.	Brakes			
u.	Instruments			
v.	Load chart in place, legible			
w.	Windshield, clean, wipers functional			

Note defects found must be repaired prior to equipment use. On completion of inspection, retain this form with the equipment till the end of the workday. Then turn in to immediate supervision for filing.

Signature of Person Completing Inspection

Signature of Person Completing Repairs

Date Repaired