

PRE-SHIFT INSPECTION - JIB CRANE

Company: _____

Operator Name: _____ Date: _____

Crane ID: _____ Location: _____

NOTE: THIS IS A GENERAL INSPECTION, EACH MANUFACTURER HAS DIFFERENT WEAR INDICATORS AND INSPECTION CRITERIA ALWAYS CHECK SPECIFIC MANUFACTURER'S INSPECTION CRITERIA.

- YES NO **Locate Crane Main Disconnect Switch or Breaker Panel** (Ensure It is Clearly Labeled).
- YES NO **Check Pendant Control or Controllers** – Up, Down, East, West, North, South – Ensure When Function is Activated It Correspondes With the Directional Markings of the Pendant. Example Hoist Motion “Up” goes up and “Down” goes down. Make Sure No Functions Will Work With The E-stop In.
- YES NO **Check Wire Rope or Chain for Damage** – Worn, Cut, Kinked, Crushed, Spooling or Bird-Caged Cable.
- YES NO **Check Hook** – Bent, Spreading, Cracks Safety Stop, and Latch are Present and Working.
- YES NO **Check Capacity Marking On Hook Block, Hoist and Trolley.**
- YES NO **Check Upper Limit Switch** – Hook Block Stop or Clutch Type.
- YES NO **Check Braking Systems.**
- YES NO **Check Trolley** – Make Sure Stops Are In Place and Limits Working, (If Equipped With Travel Limits). Also Make Sure Travel Path is Clear of Obstructions.
- YES NO **Check Hoist Gearing System** – For Any Unusual Noises.
- YES NO **Check Rotation During Operation** – For Unusual Wear or Noise.
- YES NO **Check Lubrication** – For Leaks and/or Excess Grease.
- YES NO **Inspect Rigging Equipment to be Utilized** – Slings, Shackles, Guide Ropes – Use Personnel Protection Equipment, and Check Certification Date.

CAUTION: IF ANY MALFUNCTIONS OR UNUSUAL NOISES ARE OBSERVED, STOP USING THE CRANE/HOIST AND CONTACT YOUR SUPERVISOR OR SAFETY COODINATOR IMMEDIATELY. PERSONNEL USING MATERIAL HANDLING EQUIPMENT MUST BE TRAINED AND QUALIFIED TO THE LEVELS REQUIRED FOR THAT SPECIFIC TYPE OF EQUIPMENT

Operator Signature _____

Supervisor Signature _____



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