

MAKE	_____	CAPACITY	_____	Location	_____
	(print)		(print)		(print)
		Month/ Year	_____		
			(print)		
Comments	_____				
(print)	_____				
	_____				

THE FOLLOWING WILL BE CHECKED DAILY:		DATE	Fill in either (A or B) then the number code for defects
1	Test Run Unit. Observe for obvious malfunctions or defects.	1	Initials:
2	Check all lines, pendants, pull ropes and related controls for defects	2	Initials:
3	Examine load hooks for wear, cracks or damage. (Reject if hook has more than 15% in throat opening or a 10% twist from the plane)	3	Initials:
4	Hoist or load attachments. All swings- check for wear twist, distorted links, excessive stretch, hook or ton damage	4	Initials:
5	Rope slings; Check for excessive wear, twists, kinks, cut or mashed spots, and end connections	5	Initials:
6	Check all running ropes and chains for correct reeving	6	Initials:
7	Check upper limit switch with no load	7	Initials:
8	Check lower limit switch with no load	8	Initials:
OPERATORS CONDITION CODE		9	Initials:
A- Acceptable		10	Initials:
B- Defective, Report at once		11	Initials:
		12	Initials:
		13	Initials:
		14	Initials:
		15	Initials:
		16	Initials:
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		28	Initials:
		29	Initials:
		30	Initials:
		31	Initials:

INSPECTORS MONTHLY REPORT:

print      Comments: \_\_\_\_\_

INSPECTOR: \_\_\_\_\_

MONTH/YEAR \_\_\_\_\_