			DR DAIL	Y INSPECTION CHECKL				
Crane name/number	Crane type:			Crane capacity	Date of inspection:			
Location:	Hour Meter: Start: Stop:			Total	hours oper	ours operated:		
Operator's name:			Oiler's name:					
INSTRUCTIONS: Check	all items	indicated	d Inspec	t and indicate as satisfact	rorv = S Ur	satisfact	orv = U	
or not applicable = N/A		maioatot				outional	0.) 0	
Walk around inspection	U	S	N/A	Operator Cab Inspection	U	S	N/A	
Safety guards and plates				Gauges				
Carrier frame, rotate base				Warning & indicator lights				
General hardware				Control/brakes				
Wire rope				Visibility				
Reeving		1		Load rating charts				
Block				Safety devices				
Hook				Emergency stops				
Sheeves				List/trim indicators				
Boom/Jib				Boom Angle/Radius Indicator				
Gantry, pendants, boom stops				Machinery House Inspection	U	S	N/A	
Walks, ladders, handrails				Housekeeping				
Wind locks, chocks, stops				Engine/Compressor				
Tires, wheels, tracks				Leaks - Fuel, lube, Oil, Water				
Leaks-Fuel, oil, lube, water				Lubrication				
Radius indicator				Battery				
Outrigger/locking device				Lights				
Operation Inspection	U	S	N/A	Glass				
Area safety				Clutch/Brake linings				
Unusual noises				Electric motors				
Control Action				Warning tags				
Brakes/boom/load/ rotate				Fire extinguisher				
Crane stability				Comments:				
No load test				1				
Fleeting sheeve				1				
Limit switches]				
Operator's signature:				Supervisor's signature:				

This checklist is based on EM 385-1-1, dated 3 September 1996. Use of this checklist is optional.