

This checklist is a minimum standard. Manufacturer/supplier may require more.

Lessee: _____ Week of: _____ Year: _____

Project: _____ Crane Owner: _____

Site Address: _____

Crane Make: _____ Model: _____ Serial #: _____

Checked, approved, and in good working order **Checked, found faulty, notified supervisor (details required under remarks)** **Not applicable to this item**

#	Self-Erect Tower Crane Operator	Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	Electrical power cords – main feed – junction box/splice							
2	Ground fault circuit interrupter (GFCI)							
3	ON/OFF switch (main disconnect)							
4	Crane base inspection							
5	Inspect walkways, handrails, guards, and ladders							
6	Inspect structure, pins, keepers, and mast bolts							
7	Ensure all doors, panels, and covers are in place and weather-tight							
8	Operators controls are functioning adequately							
9	Load moment hoist limit							
10	Load moment trolley limit							
11	Maximum load (line pull)							
12	Trolley out							
13	Trolley in							
14	Hoist up deceleration limit							
15	Hoist upper limit							
16	Hoist down limit or slack line							
17	Ensure all audio/visual indicators are functioning properly							
18	Anemometer							
19	Hoist brake is functioning							
20	Slewing brake is functioning							
21	Trolley brake (when applicable)							
22	Visually inspect load block and hook							
23	Travel brake (to rail)							
24	Rail travel forward and reverse							
25	Inspect tracks for loose connections, proper drainage, subsidence and bogie wear on travelling cranes, rail clamps, and end stops							
26	Base level (as per specifications by manufacture)							
27	Foundation condition (as per engineer's specifications)							
28	Housekeeping: concrete debris, rebar dowels, signage lights, access/egress, etc.							
29	Supervisor notified of defects or faults							
30	Operator to initial daily							

Remarks: _____

Weekly Supervisor and Operator signatures indicating inspections have been completed

Operator's Signature: _____ Operator's Name: _____ Certificate No. _____

PRINT

Supervisor's Signature: _____ Supervisor's Name: _____

PRINT