

Employee Signature

## **SAFETY POLICY AND PROCEDURE MANUAL**

## **NUMBER 10.0 – HOISTING EQUIPMENT**

## **ATTACHMENT A – DAILY CRANE INSPECTION FORM**

| Number: 10.0    |              | Issued: 7/2018      |  | Rev                      | Revised: 1/2023 |          |
|-----------------|--------------|---------------------|--|--------------------------|-----------------|----------|
| EMPI OYEE NAI   | ME           |                     |  | DATE                     | SHIFT           |          |
| LIVII LOTLL IVI |              | Employ              | yee Printed Name   |                          |                 |          |
| DEPARTMENT      |              | CRANE NUMBER        |  |                          |                 |          |
|                 |              |                     |  |                          |                 |          |
|                 | Visual       |                     |  |                          |                 |          |
|                 | Pass         | Fail                |  |                          |                 |          |
|                 | Pass         |                     | Inspect pendulum cable and commections   |                          |                 |          |
|                 | Pass         | Fail                | 1  |                          |                 |          |
|                 | Pass         | Fail                | Ensure chain basket is secure  |                          |                 |          |
|                 | Pass         | Fail                | Ü ,, ,   |                          |                 |          |
|                 | Pass         |                     | Inspect the plug from crane to cable trolley wiring plug   |                          |                 |          |
|                 | Pass<br>Pass | Fail                | Inspect cable trolley wiring and support  Cable trolley plug and receptacle on crane support frame |                          |                 |          |
|                 |              | nctional Inspection |  |                          |                 |          |
|                 | Pass         |                     | Raise crane to uppe  | ar limit                 |                 |          |
| Pass            |              | Fail                | ··   |                          |                 | $\dashv$ |
|                 | Yes          | No                  |  |                          |                 |          |
|                 | Yes          | No                  | •  | ols marked properly with |                 |          |
|                 | Comments     |                     |  |                          |                 |          |
|                 |              |                     |  |                          |                 |          |
|                 |              |                     |  |                          |                 |          |
|                 |              |                     |  |                          |                 |          |
|                 |              |                     |  |                          |                 |          |
|                 |              |                     |  |                          |                 |          |
| Employee        |              |                     |  |                          | Date            |          |