

Operator Daily Inspection Checklist IC Crane

Date: _____ **Location:** _____ **Operator's Name:** _____ **Meter Hours:** _____

Instructions: Check all items. Inspect and rate Satisfactory = S Unsatisfactory = U Not Applicable = N/A

Walk Around Inspection	S	U	N/A
Safety Guards and Plates			
Carrier Frame, Rotate Base			
General Hardware on all structures			
Wire Rope			
Reeving / Drum			
Block / Anti 2 Block			
Hook & Safety Latch			
Sheaves			
Extend & Retract Boom / Jib and Check Wear Plate Bolts			
Gantry, Pendants, Boom Stops			
Check Walks, Ladders, Handrails & Cab			
Tires, Wheels, Tracks			
Leaks - Fuel, Oil, Lube, Water			
Outrigger / Locking Device			
Operation Inspection	S	U	N/A
Area Safety - Check area around job to ensure safety			
Unusual Noises when Running			
Fleeting Sheave			
Counter Weight Extension (Full Extend / Full Retract)			
Boom Cylinders (Full Extend / Full Retract)			

Operator Cab Inspection	S	U	N/A
Gauges			
Warning & Indicator Lights			
Control / Brakes			
Visibility			
Load Rating Charts			
Safety Devices			
Emergency Stops			
Boom Angle / Radius Indicator			
Machinery House Inspection	S	U	N/A
Housekeeping			
Engine / Compressor			
Open Cabinets - Inspect Hoses for kinks or leaks, etc.			
Lubrication			
Battery			
Lights			
Glass			
Clutch / Brake Linings			
Electric Motors			
Warning Tags			
Fire Extinguisher			

Operator's Signature _____

(I have checked and verified to the best of my knowledge that everything is in a safe and proper working condition)

Comments (Any item marked Unsatisfactory must be explained & reported to Maintenance Immediately)

Inspections must be completed daily by the first operator that uses the equipment. The completed inspection should remain in the in the box.
Completed Inspection Forms should be turned in with Payroll Weekly.