

OVERHEAD CRANE PRE-SHIFT INSPECTION CHECK LIST

Crane Number:	Week of:
----------------------	-----------------

Area:

DAILY INSPECTIONS	Sun			Mon			Tue			Wed			Thu			Fri			Sat		
Date																					
Inspected By (please print initials)																					
(N/R) Needs Repair book into service	OK	N/R	N/A	OK	N/R	N/A	OK	N/R	N/A	OK	N/R	N/A	OK	N/R	N/A	OK	N/R	N/A	OK	N/R	N/A

Visual Inspection

Main power shut-off is known & is easily accessible																				
Pendant is free of damage & buttons move freely																				
Pendant is clearly marked																				
Check hook (for cracks & rotates freely)																				
Hook not spread more than 15% or bent more than 10°																				
Safety latch is in place & is still functioning																				
Block sheaves are free from damage																				
Check wire rope or chain for damage (check rope/chain for worn, cut, kinked, spooling or birdcage cables.																				
Travel areas clear of obstructions																				
Bumpers & stops are intact																				
Conductors & collectors free of debris																				
Wheels trolley rollers seated properly on rails/beams																				
Festooned cable running free, not tangled or damaged																				
Maximum capacities are clearly marked as required																				

Operational Inspection

Check pendant controls (up, down, east, west, north & south)																				
Check upper limit switch																				
Check lower limit switch																				
Check brake system (trolley, bridge & hoist)																				
Check trolley & bridge travel																				
Check rails during operation																				
Check Hoist gearing system (any unusual noises)																				
Are signal, lights & horns working																				
Are there any unusual noises or condition noted																				
Does the Crane pass full visual & operational Inspection	Yes / No (circle one)	Yes / No (circle one)	Yes / No (circle one)	Yes / No (circle one)	Yes / No (circle one)	Yes / No (circle one)	Yes / No (circle one)	Yes / No (circle one)	Yes / No (circle one)	Yes / No (circle one)	Yes / No (circle one)	Yes / No (circle one)	Yes / No (circle one)	Yes / No (circle one)	Yes / No (circle one)	Yes / No (circle one)	Yes / No (circle one)	Yes / No (circle one)	Yes / No (circle one)	Yes / No (circle one)

Inspected By (please sign initials)

Reviewed By (managers signature):	Date:
-----------------------------------	-------

Please Write a comment for each identified deficiency list above:

Note: Only trained and competent personal are authorized to operate Material Hoisting or Handling Equipment. If any malfunction or unusual noises are observed, stop using the crane and contact your supervisor immediately. (tag out / lock out procedure must be used)