

DAILY INSPECTION TAG

HOIST/Crane AND ASSOCIATED LIFTING EQUIPMENT

I. GENERAL INFORMATION

HOIST ID#: 06-CR050 RATED CAPACITY: 500LBS BUILDING AREA/ COL/ ROOM/ LOCATION: _____

<input checked="" type="checkbox"/> CHECKED & OK	INSPECT HOIST VISUALLY FROM THE FLOOR PRIOR TO INITIAL USE ON EACH SHIFT HOIST IS TO BE USED COMPLETE ONE CHECKLIST COLUMN FOR EACH INSPECTION SHIFT NOTIFY YOUR SUPERVISOR TO REPLACE TAG WHEN ALL COLUMNS ARE FILLED IN	DAY OF WEEK														
<input type="checkbox"/> DEFECT FOUND		DAY														
<input type="checkbox"/> NOT APPLICABLE		MONTH														
		YEAR														

II. FIRST HOIST/Crane OPERATOR OF EACH SHIFT

P/L TAG	PROOF LOAD TAG MISSING OR INSPECTION STICKER NOT CURRENT														
HOOKS	NOT DEFORMED, CRACKED, TWISTED														
	SAFETY LATCH NOT BENT, BROKEN, INOPERATIVE, OR MISSING														
SHEAVE BLOCKS	SHEAVE NOT CHIPPED, CRACKED, OR DEFORMED														
HOIST CHAIN	CHAIN DOES NOT RUB ANY PARTS														
	CHAIN WINDS PROPERLY														
CRANK DRIVE	WHEEL AND HANDLE ARE NOT CRACKED, INOPERATIVE, OR MISSING														
UP/DOWN TRAVEL†	2 OR MORE FULL WRAPS ON DRUM AT FULL DOWN POSITION														
	NO UP/DOWN BRAKE SLIPPAGE OR EXCESSIVE DRIFT														
HORIZ. TRAVEL†	TURNS EASILY														
SLINGS	NOT WORN, SNAGGED, CUT, PUNCTURED, FRAYED, STITCHES/LINKS OK														
SHACKLES, HOIST RINGS, AND SWIVEL LIFT RINGS	NOT PULLED OPEN, ELONGATED, OR TWISTED														
	PIN NOT CRACKED, BENT, OR BINDING IN EYES														
	HAS STANDARD HOIST RING, SWIVEL, SHACKLE, OR APPROVED DESIGN														
	HINGES OR SWIVELS FREELY ON ALL PINS														
GENERAL	RATED WORKLOAD CAPACITY IS MARKED ON LOAD OR HARDWARE														
	NO EVIDENCE OF STRUCTURAL DAMAGE FROM CHEMICALS OR HEAT														
	MOVING PARTS DO NOT BIND, RUB EXCESSIVELY, WOBBLE, NEED LUBE														
	THERE IS NOT INTERFERENCE WITH PROPER OPERATION														
NOTICE OF DEFECTS INSPECTION SIGNOFF	IMMEDIATELY NOTIFY SUPERVISOR OF ANY DEFECTS FOUND AND RECORDED BELOW UNDER REMARKS (IF SO: BLACKEN BOX HERE)														
	INITIAL HERE IF NO DEFECTS ARE FOUND														

III. EVERY HOIST/Crane OPERATOR (INCLUDING FIRST OPERATOR)

INITIAL THAT THE FOLLOWING STEPS WERE COMPLETED PRIOR TO USE: 1) ABOVE EQUIPMENT WAS INSPECTED & SIGNED OFF EARLIER IN THE DAY 2) KNOW WHERE THE MAIN POWER CUTOFF IS LOCATED 3) REINSPECT THAT HOIST ROPE IS STILL REEVED PROPERLY ONTO DRUM 4) IMMEDIATELY NOTIFY YOUR SUPERVISOR OF ANY DEFECTS 5) EACH OPERATOR SHALL ECK ASSOCIATED EQUIPMENT SEPARATELY	1 ST OPER														
	2 ND OPER														
	3 RD OPER														
	4 TH OPER														
	5 TH OPER														
	6 TH OPER														

In case of any defect(s), please continue on next page... ➡

† WITH NO LOAD

IV. REMARKS

V. SUPERVISOR

- 1) VERIFY REMOVAL FROM SERVICE OF ANY DEFECTIVE EQUIPMENT
- 2) LIST EACH DEFECT, DISPOSITION, CORRECTIVE ACTION & REINSPECTION SIGNOFF BELOW
- 3) MAINTAIN INSPECTION RECORDS FOR EACH HOIST/CRANE FOR MINIMUM OF 4 YEARS

DEFECT DATE	DESCRIPTION OF DEFECTS AND CORRECTIVE ACTION TAKEN	SUPERVISOR INITIALS	CORRECTIVE ACTION DATES		OK-TO-USE SUPERVISOR SIGNATURE
			INITIATED	COMPLETED	