

**Quarterly Crane/Hoist Inspection Checklist Specimen (Depts may use this or equivalent)**

**Report all problems immediately to supervisor**

Date: \_\_\_\_\_

Dept/Group: \_\_\_\_\_

Inspector: \_\_\_\_\_

Crane/Hoist #: \_\_\_\_\_

	Yes	No	N/A
Was the crane/hoist visually inspected prior to use and found to be safe?			
Is the rated capacity visibly marked on the crane/hoist?			
Are the operating controls clearly identified?			
Do any labels or stickers need replacing?			
Is the wire rope in good condition, meaning no twisting, overstretched length, excessive wear, broken wire strands, or other signs of deterioration?			
Are all operating mechanisms functional and free of excessive wear?			
Have the following been inspected and found to be free of excessive wear or other signs of degradation?			
* Accessible ropes			
* Brakes			
* Friction clutches			
* Chain drives			
	Yes	No	N/A
Conduct inspections tasks on Daily Inspection Checklist. Do all criteria pass?			

**Comments:**

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