

MONTHLY DERRICK INSPECTION RECORD



Heavy Equipment
Services Company

	S=Satisfactory	U=Unsatisfactory	NA=Not Applicable	
DATE	S <input type="checkbox"/>	U <input type="checkbox"/>	NA <input type="checkbox"/>	1. Drum Hoist Mounting
COMPANY NAME	S <input type="checkbox"/>	U <input type="checkbox"/>	NA <input type="checkbox"/>	2. Ball Wheel Assembly & Mounting
CUSTOMER NUMBER	S <input type="checkbox"/>	U <input type="checkbox"/>	NA <input type="checkbox"/>	3. Cable: Dia. _____ Construction _____
MANUFACTURER	S <input type="checkbox"/>	U <input type="checkbox"/>	NA <input type="checkbox"/>	4. Load Block: Condition and Lubrication
MODEL	S <input type="checkbox"/>	U <input type="checkbox"/>	NA <input type="checkbox"/>	5. Hook Ball: Condition and Lubrication
SERIAL NUMBER	S <input type="checkbox"/>	U <input type="checkbox"/>	NA <input type="checkbox"/>	6. All Hooks: Deformation, Cracks and Latches
TYPE	S <input type="checkbox"/>	U <input type="checkbox"/>	NA <input type="checkbox"/>	7. Boom, Cords and Lacings for Cracks or Damage
CAPACITY	S <input type="checkbox"/>	U <input type="checkbox"/>	NA <input type="checkbox"/>	8. Sheaves and Guards
BOOM & JIB LENGTH	S <input type="checkbox"/>	U <input type="checkbox"/>	NA <input type="checkbox"/>	9. Hydraulic Oil Level and Filter Indicator
BOOM & JIB CONSTRUCTION	S <input type="checkbox"/>	U <input type="checkbox"/>	NA <input type="checkbox"/>	10. General Lubrication- Machine and Cables
LOCATION	S <input type="checkbox"/>	U <input type="checkbox"/>	NA <input type="checkbox"/>	11. Main Hoist Cable: Diameter _____ Construction _____ Condition _____ Reeving _____
INSPECTION CRITERIA	S <input type="checkbox"/>	U <input type="checkbox"/>	NA <input type="checkbox"/>	12. Auxiliary Hoist Cable: Diameter _____ Construction _____ Condition _____ Reeving _____
HOURS	S <input type="checkbox"/>	U <input type="checkbox"/>	NA <input type="checkbox"/>	13. Boom Hoist Cable: Diameter _____ Construction _____ Condition _____ Reeving _____
	S <input type="checkbox"/>	U <input type="checkbox"/>	NA <input type="checkbox"/>	14. Pendant: Diameter _____ Construction _____ Condition _____
	S <input type="checkbox"/>	U <input type="checkbox"/>	NA <input type="checkbox"/>	15. Wire Rope End Connections
	S <input type="checkbox"/>	U <input type="checkbox"/>	NA <input type="checkbox"/>	16. Housekeeping - Cab, Tools and Rigging Boxes
	S <input type="checkbox"/>	U <input type="checkbox"/>	NA <input type="checkbox"/>	17. Gauges, Alarms and Electrical Devices
	S <input type="checkbox"/>	U <input type="checkbox"/>	NA <input type="checkbox"/>	18. Cab Glass and Wiper Condition
	S <input type="checkbox"/>	U <input type="checkbox"/>	NA <input type="checkbox"/>	19. Controls for Operation Wear and Adjustment
	S <input type="checkbox"/>	U <input type="checkbox"/>	NA <input type="checkbox"/>	20. Hoist Clutches and Brakes- Operation and Contamination
	S <input type="checkbox"/>	U <input type="checkbox"/>	NA <input type="checkbox"/>	21. Swing Limits & Shutoff
	S <input type="checkbox"/>	U <input type="checkbox"/>	NA <input type="checkbox"/>	22. Boom Hoist High Limit Kick-Out
	S <input type="checkbox"/>	U <input type="checkbox"/>	NA <input type="checkbox"/>	23. Operator's Manual
	S <input type="checkbox"/>	U <input type="checkbox"/>	NA <input type="checkbox"/>	24. Load Charts
	S <input type="checkbox"/>	U <input type="checkbox"/>	NA <input type="checkbox"/>	25. Monthly Inspection Log
	S <input type="checkbox"/>	U <input type="checkbox"/>	NA <input type="checkbox"/>	26. Required Decals: Hand Signal and 2-Electrical Warnings Outside, Pinch Points and 1 Electrical Warning Inside
	S <input type="checkbox"/>	U <input type="checkbox"/>	NA <input type="checkbox"/>	27. Fire Extinguisher (10 BC) (Upper Cab)
	S <input type="checkbox"/>	U <input type="checkbox"/>	NA <input type="checkbox"/>	28. Motion Alarms: Propel and Swing
	S <input type="checkbox"/>	U <input type="checkbox"/>	NA <input type="checkbox"/>	29. Safety Devices
	S <input type="checkbox"/>	U <input type="checkbox"/>	NA <input type="checkbox"/>	a. Level Indicator
	S <input type="checkbox"/>	U <input type="checkbox"/>	NA <input type="checkbox"/>	b. Hydraulic Check Valves
	S <input type="checkbox"/>	U <input type="checkbox"/>	NA <input type="checkbox"/>	c. Signal Horn
	S <input type="checkbox"/>	U <input type="checkbox"/>	NA <input type="checkbox"/>	30. Operational Aids-(LMI, RCL, etc.)
	S <input type="checkbox"/>	U <input type="checkbox"/>	NA <input type="checkbox"/>	a. Anti-Two-Block Device (All Motions Necessary)
	S <input type="checkbox"/>	U <input type="checkbox"/>	NA <input type="checkbox"/>	b. Boom Angle or Radius Indicator
	S <input type="checkbox"/>	U <input type="checkbox"/>	NA <input type="checkbox"/>	c. Load Indicator
	S <input type="checkbox"/>	U <input type="checkbox"/>	NA <input type="checkbox"/>	d. Hoist Drum Rotation Indicator
	S <input type="checkbox"/>	U <input type="checkbox"/>	NA <input type="checkbox"/>	31. Hydraulic Component Leaks and Damage
	S <input type="checkbox"/>	U <input type="checkbox"/>	NA <input type="checkbox"/>	a. Boom Hoist Cylinders
	S <input type="checkbox"/>	U <input type="checkbox"/>	NA <input type="checkbox"/>	b. Lines, Hoses, Fittings, and Tanks
	S <input type="checkbox"/>	U <input type="checkbox"/>	NA <input type="checkbox"/>	c. Control Valves, Valve Bank and Lines
	S <input type="checkbox"/>	U <input type="checkbox"/>	NA <input type="checkbox"/>	32. Air Systems: Leaks and Moisture Drains