



Heavy Equipment
Services Company

MONTHLY CRAWLER CRANE INSPECTION RECORD

	S	U	NA	S=Satisfactory	U=Unsatisfactory	NA=Not Applicable
DATE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Crawlers, Side Frames and Pads		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Tumblers, Idlers, Rollers and Drive Motors		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Swing Bearing or Hook Rollers		
COMPANY NUMBER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Load Block: Condition and Lubrication - Weight Capacity		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Hook Ball: Condition and Lubrication - Weight Capacity		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. All Hooks: Deformation, Cracks and Latches		
CUSTOMER NAME	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Boom, Jib, Luffer Cords and Lacings for Cracks or Damage		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Sheaves and Guards		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Hydraulic Oil Level and Filter Indicator		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. General Lubrication- Machine and Cables		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Main Hoist Cable: Diameter _____ Construction _____ Condition _____ Reeving _____		
MANUFACTURER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Auxiliary Hoist Cable: Diameter _____ Construction _____ Condition _____ Reeving _____		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. Boom Hoist Cable: Diameter _____ Construction _____ Condition _____ Reeving _____		
MODEL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. Pendant: Diameter _____ Construction _____ Condition _____		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. Wire Rope End Connections		
SERIAL NO.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16. Housekeeping - Cab, Tools and Rigging Boxes		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17. Gauges, Alarms and Electrical Devices		
TYPE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18. Cab Glass and Wiper Condition		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19. Controls for Operation Wear and Adjustment		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20. Hoist Clutches and Brakes- Operation and Contamination		
CAPACITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21. Swing Brake and Positive House Lock		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22. Boom Hoist High Limit Kick-Out		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23. Operator's Manual		
BOOM & JIB LENGTH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24. Load Charts		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25. Monthly Inspection Log		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26. Required Decals: Hand Signal and 2-Electrical Warnings Outside, Pinch Points and 1 Electrical Warning Inside		
BOOM & JIB CONSTRUCTION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27. Fire Extinguisher (10 BC) (Upper Cab)		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28. Motion Alarms: Propel and Swing		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29. Safety Devices		
LOCATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. Level Indicator		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. Hydraulic Check Valves		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c. Signal Horn		
INSPECTION CRITERIA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30. Operational Aids-(LMI, RCL, etc.)		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. Anti-Two-Block Device (All Motions Necessary)		
HOURS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. Boom Angle or Radius Indicator: Man. Elec.		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c. Luffing Jib Angle Indicator		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d. Load Indicator		
INSPECTOR'S SIGNATURE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	e. Hoist Drum Rotation Indicator		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31. Hydraulic Component Leaks and Damage		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. Boom Hoist Cylinders		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. Lines, Hoses, Fittings, and Tanks		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c. Control Valves, Valve Bank and Lines		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32. Air Systems: Leaks and Moisture Drains		