

# MONTHLY HYDRAULIC CRANE INSPECTION



Heavy Equipment Services Company

		S	U	NA	S=Satisfactory	U=Unsatisfactory	NA=Not Applicable
DATE	/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Tires: Condition and Inflation		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Outriggers and Pads: Condition and Locks		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Oil Leaks- Engine Wheels, Under Crane		
CUSTOMER NAME		<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		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Boom: Condition , Lubrication, Wear Pads and Adjustments		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Sheaves and Guards		
CUSTOMER NUMBER		<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 Outriggers 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. Wire Rope End Connections		
MODEL		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. Housekeeping, Cab, Tools and Rigging Boxes		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. Gauges, Alarms, and Electrical Devices		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16. Cab Glass Condition		
SERIAL NO.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17. Wipers		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18. Controls for Operation, Wear and Adjustments		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19. Brakes-Swing and Parking		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20. Positive Swing Lock and Travel Lock		
TYPE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21. Operator's Manual		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22. Load Charts		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23. Monthly Inspection Log		
CAPACITY		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24. Required Decals: Hand Signal and 2-Electrical Warnings Outside, Pinch Points and 1 Electrical Warning Inside		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25. Fire Extinguisher (10 BC) (upper cab)		
BOOM & JIB LENGTH		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26. Back Up Alarm		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27. Safety Devices		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. Level Indicator		
BOOM & JIB CONSTRUCTION		<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		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28. Operational Aids-(LMI, RCL, etc.)		
LOCATION		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. Anti-Two-Block Device ( all motions necessary)		
		<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		
Name & Title		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d. Boom Length Indicator		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	e. Load Indicator		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	f. OMS System (Outrigger Monitoring System)		
Signature		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	g. Hoist Drum Rotation Indicator		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29. 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. Hydraulic Outriggers		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c. Lines, Hoses, Fittings, and Tanks		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d. Main and/or Auxiliary Winch		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	e. Control Valves, Valve Bank and Lines		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30. Air Systems: Leaks and Moisture Drains		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31. Functional Load Test		
					Radius _____ Load Applied _____ lbs.		