

CRANE AND HOIST SAFETY INSPECTION REPORT

CHDL NO _____

1. Name of Owner or Occupant: _____
2. Address: _____
3. Brand, Make & Type of Crane: _____
4. Capacity (Tons) _____; Speed of: a) Bridge: _____; b) Trolley: _____; c) Hoist: _____
5. No. of Motors: _____; HP/KW rating of each motors: _____
6. Hoist material (Wire/Chain): _____; Hoist Tensile Strength: _____

CONDITIONS OF CRANE AND HOIST

<ol style="list-style-type: none"> 1. Travel Limit Switches of <ol style="list-style-type: none"> a) Bridge _____ b) Trolley _____ c) Hoist _____ 2. Over load protection: _____ 3. Emergency stop switch : _____ 4. Controls: _____ 5. Hoist cable: _____ 	<ol style="list-style-type: none"> 6. Electrical: <ol style="list-style-type: none"> a) Extension cords : _____ b) Terminal boxes : _____ c) Panel board : _____ 7. Operator's Training Certificate : _____ 8. Hook: _____ 9. Brake and Brake Systems: _____ 10. Load Test Conducted: _____
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RECOMMENDATIONS:

Inspection Conducted by:

Evaluation Conducted by:

(Signature over printed name)

(Signature over printed name)

In the Presence of authorized Representative:

(Signature over printed name)

INSPECTION FEE: Php _____
O.R. Number: _____
Date Paid: _____