

Sheet 1	Crane No.	Serial No.	Make and Model

Daily inspection for the month of 20

Some of the tests recommended below may not apply depending on the type of crane or on the kind of work to be carried out.

Indicate the result of each field inspection by checking (✓), if the element tested is in good condition.

Blacken the square (■) in case of defects and specify those defects on sheet 2.

This log shall be filled during regular working hours by the worker who has carried out the testing, test, field inspection or repair.

Number of work hours (Crane)	NAME OF OPERATOR (write legibly)
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DAY:	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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GENERAL

[illegible]

SWING AND HOISTS

[illegible]

BOOM AND JIB

(Summary visual inspection)

[illegible]

ROPES AND ACCESSORIES

(Summary visual inspection)

[illegible]

