

Department of Labor and Industries
 Division of Occupational Safety & Health
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 Olympia WA 98504-4650
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NOTICE OF DEFICIENCIES (Crane/Derrick Certification Examination)

Name of Owner Qaulity INC		Owner's Address 4 N One St, Another Place WA 98456		Permanent Sticker ID # C0000001
Manufacturer: NATIONAL		Phone Number 509-789-0123	Email ncrane@loc.com	
Name of Lessee		Lessee Address		
Crane Type Hyd Boom Truck	Owner's ID # 8D 52-4	Model # 800D	Serial # 290013	Crane Location Onwers yard, Another PI WA 98456

The undersigned, being authorized to do so, hereby tenders notification of the following deficiencies, found during test and/or examination of the described equipment in accordance with the requirements of Washington State Safety Standards for Longshore, Stevedore & Related Waterfront Operations (WAC 296-56), Safety Standards for Ship Repairing, Shipbuilding & Ship Breaking (WAC 296-304), or Safety Standards for Construction Work (WAC 296-155) as applicable, to constitute in the opinion of the undersigned a currently unsatisfactory condition:

This Material Handling Device was Inspected per: WAC 296-56 WAC 296-304 WAC 296-155
 (The below listed deficiency must be corrected PRIOR to Certification.)

1. 12" CRACK ON TOP OF OUTRIIGGER BOX FRONT PASSENGER SIDE

2. 4" CRACK ON TOP OF OUTRIGGER BOX BETWEEN PEDESTAL & TOP O F FRONT OUTRIGGER BOX PASSENGER SIDE

Are additional sheets attached? Yes No

Recommendations (Not required to be accomplished for Certification)

Under the applicable requirements of WAC 296-56, WAC 296-304 and WAC 296-155 the issuance of any certificate of test and/or examination is prohibited until such time as correction of deficiencies have been verified by the undersigned. This material handling device cannot be used until the noted safety deficiencies have been corrected and verified by an accredited crane certifier. It is further required that the certifying authority notify the Assistant Director of Department of Labor and Industries, of the above circumstances, by copy of this notice.

NOTE: This notice is for use and issuance only by persons specifically authorized by the Assistant Director of the Department of Labor & Industries to conduct examinations of equipment required to be certificated. Use of this notice by unauthorized persons is prohibited.

Date 1/6/12	Accredited Certifier's Name (please print) LYLE DOLITTLE	Accredited Certifier's ID # 111111
Certifier's Phone # 509-555-5555	Address 99 BLINDSIDE ST, RIGHT HERE, WA 98555	Signature of Accredited Certifier <i>Lyle Dolittle</i>