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| Certifier’s Reference # |  | Worksheet provided to site: (person’s name) |  |

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| **Department of Labor and Industries****Division of Occupational Safety & Health****PO Box 44650**  | seal | **Mobile Cranes/Derricks Worksheet for Construction Industry** |
| **Olympia WA 98504-4650** **Email: LNICranes@Lni.wa.gov** | **Office: (360) 902-4943****Fax: (360) 902-5438** |
| **Name of Owner (Not Lessee)** | **Permanent Sticker ID #** | **Inspection Exp. Date** | **Proof Load Test Exp. Date** |
| **Mailing Address** | **City** | **State**  | **Zip+4** | **Phone Number** |
| **Owner’s Email Address:** |
| **Is this Crane Leased or Rented** **[ ]  Yes** **[ ]  No If Yes, Write Lessee’s Name and Address below: [ ]  Send Certification to this address** |
|  |
| **Description:** **[ ]  Lattice Boom** **[ ]  Hydraulic Boom [ ]  Articulating Boom [ ]  Derrick [ ]  Other** | **Owner’s ID #** |
| **Manufacturer** | **Max Rated Capacity in Lbs** | **Model Number** | **Serial Number** | **Hr Mtr. Reading** |
| **Boom Length at Time of Inspection:** | **Jib Length at time of Inspection:** | **If Derrick, state type, Breast, Stiff-leg, A-Frame, etc.** |
| **Wire Rope** | **No. Parts** | **Diameter** | **No. Strands** | **Wires per Strand** | **Rotation Res.****(Yes/No)** | **Breaking Strength** |
| **Main Hoist** |  |  |  |  |  |  |
| **Whip** |  |  |  |  |  |  |
| **Boom** |  |  |  |  |  |  |
| **Boom Pendants** |  |  |  |  |  |  |
| ***The following items must be inspected where applicable: (if not applicable, so indicate)*** |
|  | **Accept** | **N/A** |  | **Accept** | **N/A** |
| **a) Chassis, Tires, Steering** |  |  | **p) Ladders, Hand Holds** |  |  |
| **b) Fluid Leaks & Fluid Levels**  |  |  | **q) Brakes, Hoist, Boom, Turret, etc.** |  |  |
| **c) Guards, Rails, Windows** |  |  | **r) Load Charts and Operator’s Manual** |  |  |
| **d) Outriggers, Stabilizers, Pads** |  |  | **s) Housekeeping / Maint. & Insp. Records** |  |  |
| **e) Rotation Bearing / Swing Lock** |  |  | **t) Boom including Wear Pads if applicable** |  |  |
| **f) Hook Rollers and Load Rollers** |  |  | **u) Boom Extensions, Jib** |  |  |
| **g) Counterweights per Manufacturer** |  |  | **v) Structural Welds** |  |  |
| **h) Data Plates / Warning Signs, Decals** |  |  | **w) Boom and Hoist Sheaves** |  |  |
| **i) Controls / Functions / Labeled** |  |  | **x) Pennant Bars / Cables and Links** |  |  |
| **j) Lights / Signals / Horn** |  |  | **y) Operational Aids / Safety Devices** |  |  |
| **k) Gauges working** |  |  | **z) Anti-Two-Block Device** |  |  |
| **l) Backup Alarm** |  |  | **aa) Limit Switches** |  |  |
| **m) Fire Extinguisher (10BC min.)** |  |  | **bb) Hook(s)** |  |  |
| **n) Electrical Equipment** |  |  | **cc) Wire Rope Beckets, Pins** |  |  |
| **o) Hydraulic Systems** |  |  | **dd) Hoist Drum** |  |  |
| **FREELY SUSPENDED PROOF LOAD TEST REQUIRED: Proof load test for cranes must be based on manufacturer’s load ratings and must be at least 100% but not exceeding 110% of the rated capacity. Derricks must be proof load tested in excess of safe working load: for capacities up to 20 tons = proof load 25% in excess; 20 tons to 50 tons = Proof -load 5 tons in excess; over 50 tons = 10% in excess.** |
| **Main or****Whip** | **Boom Length (Feet)** | **Radius****(Feet)** | **Boom Angle****(Degrees)** | **Rated Capacity (Lbs)** | **Total Deductions (Lbs)** | **Net Rated Capacity (Lbs)** | **Test Load (Lbs)** | **Load Test (% )** | **Crane Configuration &****Test Range** |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **Was This Crane Tested on Rubber? Yes [ ]  (List parameters below) No [ ]**  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **Means of Application of Proof Load Test see WAC 296-155-53200(7)(f) [ ] Certified Test Weights [ ] Weights Using Currently Calibrated Scale*****(“Known weights” is not acceptable)*** |
| **Remarks: Additional sheets attached?** **Yes [ ]  No [ ]**  | **Crane Operator’s Name (please print)** |
| **[ ]**  | **I hereby certify the above tests and/or examinations have been conducted in accordance with the Washington State Safety Standards for Construction Operations, WAC 296-155. A copy of this worksheet will be used as a temporary certificate until the annual certification is issued. This temporary certificate is valid for 30 days after the date of this inspection** |
| **Date** | **Accredited Certifier’s Name (please print)** | **Accredited Certifier’s ID #** |
| **Certifier’s Phone #** | **Address** | **Signature of Accredited Certifier** |