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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** | | | | | | |
|  | |  |  | |  | | | | |  | | | | |  | | | | |  | | | |  | | |  |  | | | | | | |
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| **Was This Crane Tested on Rubber? Yes  (List parameters below) No** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **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** | | | | | | | |