LUFFING TOWER CRANE (FOR CRANE OPERATORS)

"START OF SHIFT INSPECTION"

Lessee: _____ Week of: _____ Year: _____

Project: _____ Crane Owner: _____

Site Address: _____

Crane Make: _____ Model: _____ Serial #:_____

✓ = Approved and in *good* working order
– = Not applicable to this item
X = Found faulty – notified supervisor (details required under remarks)

#	Luffing Tower Crane Operator	Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	Electrical power cords – main feed – junction box/splice							
2	Ground fault circuit interrupter (GFCI)							
3	ON/OFF switch (main disconnect)							
4	Crane base inspection							
5	Inspect walkways, handrails, guards, and ladders							
6	Inspect structure, pins, keepers, and mast bolts							
7	Ensure all tower wedges or tie backs are in place and tight							
8	Ensure all doors, panels, and covers are in place and weather-tight							
9	Operators controls are functioning adequately							
10	Load moment hoist limit							
11	Load moment luffing limit							
12	Maximum load (line pull)							
13	Luffing up switch(s)							
14	Luffing down switch(s)							
15	Luffing up and down deceleration switch							
16	Boom angle indicator							
17	Counterweight safety switch							
18	Hoist up deceleration limit							
19	Hoist upper limit							
20	Anti 2 block switch (hoist up and boom down)							
21	Hoist down limit or slack line							
22	Ensure all audio/visual indicators are functioning properly							
23	Anemometer							
24	Hoist brake is functioning							
25	Slewing brake is functioning							
26	Luffing brake							
27	Visually inspect load block and hook							
28	Travel brake to rail where applicable							
29	Rail travel forward and reverse							
30	Inspect tracks for loose connections, proper drainage, subsidence and bogie wear on travelling cranes, rail clamps, and end stops							
31	Housekeeping: concrete debris, rebar dowels, signage lights, access/egress, etc.							
32	Supervisor notified of defects or faults							
33	**Operator to initial daily**							

Remarks:_____

Weekly Supervisor and Operator signatures indicating inspections have been completed.

Operator's Signature: _____Operator's Name: _____ Certificate No. _____

Supervisor's Signature: _____ Supervisor's Name: _____

Please note: This is a sample checklist that employers may use; manufacturer/supplier may have additional requirements