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OVERHEAD & GANTRY CRANE INSPECTION RECORDS

WELCOME!

This sample program is provided to assist you as an employer in developing programs tailored to your own operation. We encourage you to copy, expand, modify and customize this sample as necessary to accomplish this goal.

This document is provided as a compliance aid, but does not constitute a legal interpretation of OSHA Standards, nor does it replace the need to be familiar with, and follow, the actual OSHA Standards (including any North Carolina specific changes.) Though this document is intended to be consistent with OSHA Standards, if an area is considered by the reader to be inconsistent, the OSHA standard should be followed. Of course, we welcome your comments and feedback!

The North Carolina Department of Labor OSH Consultative Services Bureau can be contacted for further assistance such as helping you set up your individual program and even with on-site surveys. Feel free to contact us at 1-800-NCLABOR or at 919-807-2899. You may also want to visit our website at <http://www.nclabor.com/osh/consult/bcs1.htm>

Remember: A written safety/health program is only effective if it is put into place!

Monthly Hook/Rigging Inspection 1910.179 Overhead and Gantry Crane Inspection Records

“Frequent” Inspection Required by OSHA 1910.179 and ANSI B30.2.

1. DAILY – Inspect all control mechanisms for proper function.
2. DAILY – At the beginning of each shift, test upper limit switch by inching into the limit under no load.
3. DAILY – Inspect all air and hydraulic systems for leaks.
4. DAILY – Visual inspection of hooks, load chains, magnet chains and slings.

The following items shall be inspected MONTHLY. All deficiencies shall be carefully examined and determination made as to whether they constitute a safety hazard. Written, signed and dated inspection reports and records are to be readily available.

“Periodic” Inspection: Required by OSHA 1910.179 and B30.2.

Depending on the activity, severity of service and environment inspections are to be made at from one month to twelve intervals. Any deficiencies shall be carefully examined and termination made as to whether they constitute a safety hazard. Written, signed and dated inspection reports and records be readily available.

		OK	Not OK	Date Repaired/ Replaced
5.	CRANE HOOK (or Clevis): Cracked worn or “spread” more than 15% “Twisted” more than 10°. REPLACE. DO NOT WELD OR REPAIR			
6.	LOAD CHAINS, MAGNET CHAINS: Excess wear, twisted, distorted or stretched links beyond manufacture’s recommended limits? Worn shackles, pins or end connections?			
7.	WIRE ROPE SLINGS: Broken wires, stretched, kinked or twisted?			
8.	CABLE CLAMPS: Proper spacing and number of clips? Are they tight and have the U Bolts on the deadend?			
9.	RUNNING ROPES: Are they reeved to manufacture’s recommendations? ANSI guidelines on conditions indicating rope replacement are - (2) Wear of 1/3 the original diameter of outside individual wires. (b) Rope diameter reduced by stretching or loss of core support – 1/64" for ropes up to 5/16" diameter, 1/32 up to 1/2" diameter, 3/64" up to 1/4" diameter, 1/16" up to 1 1/8" diameter and 3/32" up to 1 1/2 " diameter. (c) Kinking, crushing or bird caging. (d) 12 broken wires in one rope lay or 4 broken wires in one strand.			
10.	Deformed, cracked or corroded structures and runway?			
11.	Loose bolts or rivets?			
12.	Cracked or worn sheaves and drums?			
13.	Worn, cracked or distorted parts, such as pins, bearings, shafts, gears, rollers, locking and clamping devices?			
14.	Excess wear on brakes systems parts, linings, pawls and ratchets?			
15.	Load, wind and other indicators- any significant inaccuracies?			
16.	Improper power plant performances?			
17.	Excessive wear of chain drive sprocket and excessive chain stretch?			
18.	Electric contacts, controls, limit switches- any signs of pitting or deterioration?			
19.	Ladders, walkways, cab- any unsafe conditions?			

Crane Identity: _____

Hook Identity: _____

Chain Identity: _____

Refer to 1910.179 and your manuals for more detailed inspection criteria.

Date _____ Inspected By _____