



STANDARD 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 **X** = Found faulty – notified supervisor
 = Not applicable to this item (details required under remarks)

| # | Standard 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, ladders, and perimeter barricade | | | | | | | |
| 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 functioning adequately | | | | | | | |
| 10 | Load moment hoist limit | | | | | | | |
| 11 | Load moment trolley limit | | | | | | | |
| 12 | Maximum load (line pull) | | | | | | | |
| 13 | Trolley out | | | | | | | |
| 14 | Trolley in | | | | | | | |
| 15 | Hoist up deceleration limit | | | | | | | |
| 16 | Hoist upper limit | | | | | | | |
| 17 | Hoist down limit or slack line | | | | | | | |
| 18 | Ensure all audio/visual indicators are functioning properly | | | | | | | |
| 19 | Anemometer | | | | | | | |
| 20 | Hoist brake is functioning | | | | | | | |
| 21 | Slewing brake is functioning | | | | | | | |
| 22 | Trolley brake | | | | | | | |
| 23 | Visually inspect load block and hook | | | | | | | |
| 24 | Travel brake to rail where applicable | | | | | | | |
| 25 | Rail travel forward and reverse operation and limit | | | | | | | |
| 26 | Inspect racks for loose connections, proper drainage, subsidence and bogie wear on travelling cranes, rail clamps, and end stops | | | | | | | |
| 27 | Housekeeping: concrete debris, rebar dowels, signage lights, access/egress, etc. | | | | | | | |
| 28 | Supervisor notified of defects or faults | | | | | | | |
| 29 | 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.