

STANDARD TOWER CRANE (FOR CRANE OPERATORS)

“START OF SHIFT INSPECTION”

Lessee: _____ Week of: _____ Year: _____

Project: _____ Crane Owner: _____

Site Address: _____

Crane Make: _____ Model: _____ Serial #: _____

9 = 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.