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TOWER CRANE "WEEKLY and MONTHLY INSPECTION"

This checklist is a minimum standard. Manufacturer/supplier may require more.

Lessee: _____ **Month of**: _____ **Year:** _____

Project: _____ **Crane Owner:** _____

Site Address: _____

Crane Make: _____ **Model:** _____ **Serial #:** _____

☑ **Checked, approved, and in good working order** ☒ **Checked, found faulty, notified supervisor (details required under remarks)** ⊟ **Not applicable to this item**

WEEKLY INSPECTION

#		Week 1	Week 2	Week 3	Week 4
1	Trolley rollers, tracks, slewing rings, and rollers				
2	Sheaves, bushings, and pins				
3	Jib backstops (boom stop) if applicable (luffing only)				
4	Boom hoist brake (luffing only)				
5	Guy ropes, pendant lines, cable clips, thimbles, and ferrules				
6	All rope attachments (dead end)				
7	Inspect load line, trolley line, and boom hoist rope, if applicable				
8	Tie-ins to slabs or other bracing systems if used				
9	Machine is properly lubricated and oil reservoirs checked				
10	Inspection of all drive components				
11	Counterweight supports and brackets are secure				
12	Anchor bolts/pins				
13	Tower bolts/pins				
14	Track level, parallel				
15	Supervisor notified of defects or faults				

16	Operator to initial weekly				

MONTHLY INSPECTION   Date_____

1	Bogie wear (travelling cranes)	
2	All belts for tension, alignment, and signs of chaffing	
3	All brakes for adjustment and wear	
4	Load line path: drums, sheave wear, bearings, and mounts	
5	Trolley line path: drums, sheave wear, bearings, and mounts	
6	Fire extinguisher	
7	Windows and guards (visibility)	
8	Heater	
9	Cab supports	
10	Pendent line connections	
11	Supervisor notified of defects or faults	

12	Operator to initial monthly	

Remarks:_____
_____
_____
_____

Weekly Supervisor and Operator signatures indicating inspections have been completed

Operator's Signature: _____ Operator's Name:_____ Certificate No. _____
PRINT
Supervisor's Signature:_____ Supervisor's Name: _____
PRINT