

PRE-SHIFT INSPECTION – GANTRY CRANE

Company: _____

Operator Name: _____ Date: _____

Crane ID: _____ Location: _____

NOTE: THIS IS A GENERAL INSPECTION, EACH MANUFACTURER HAS DIFFERENT WEAR INDICATORS AND INSPECTION CRITERIA ALWAYS CHECK SPECIFIC MANUFACTURER'S INSPECTION CRITERIA.

- YES NO **Locate Crane Main Disconnect Switch or Breaker Panel** (Ensure it is Clearly Labeled).
- YES NO **Check for Compass on the Crane.**
- YES NO **Check Pendant Control or Controllers** – Up, Down, East, West, North & South. Ensure When Function is Activated it Correspondes with the Directional Markings on the Pendant. Example Hoist Motion up goes “Up” and “Down” goes down. Make Sure No Functions Will Work With The E-stop In. Make Sure The Bridge End Trucks Start and Stop Together.
- YES NO **Check Wire Rope or Chain for Damage** – Worn, Cut, Kinked, Crushed, Spooling or Bird-Caged Cable.
- YES NO **Check Bottom Block** – Damage to Side Cheeks, Sheaves.
- YES NO **Check Hook** – Bending, Spreading, Cracks, Safety Latch is Present and Working.
- YES NO **Check Capacity Marking On Hook Block, Hoist, Trolley and Bridge.**
- YES NO **Check Upper Limit Switch** – Hook Block Stop or Clutch Type.
- YES NO **Check Brake System** – Trolley, Bridge and Hoist.
- YES NO **Check Trolley and Bridge Travel** – Make Sure Stops Are In Place and Limits Working (If Equipped With Travel Limits). Also Make Sure Travel Path is Clear of Obstructions.
- YES NO **Check Hoist Gearing System** – For Any Unusual Noises.
- YES NO **Check Rails During Operation** – For Unusual Wear or Noise.
- YES NO **Check Lubrication** – For Leaks and/or Excess Grease.
- YES NO **Inspect Rigging Equipment to be Utilized** – Slings, Shackles and Guide Ropes. Use Personnel Protection Equipment and Check Certification Date.

CAUTION: IF ANY MALFUNCTIONS OR UNUSUAL NOISES ARE OBSERVED, STOP USING THE CRANE/HOIST AND CONTACT YOUR SUPERVISOR OR SAFETY COORDINATOR IMMEDIATELY. PERSONNEL USING MATERIAL HANDLING EQUIPMENT MUST BE TRAINED AND QUALIFIED TO THE LEVELS REQUIRED FOR THAT SPECIFIC TYPE OF EQUIPMENT.

Operator Signature _____

Supervisor Signature _____



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