

PRE-SHIFT INSPECTION – OVERHEAD BRIDGE 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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