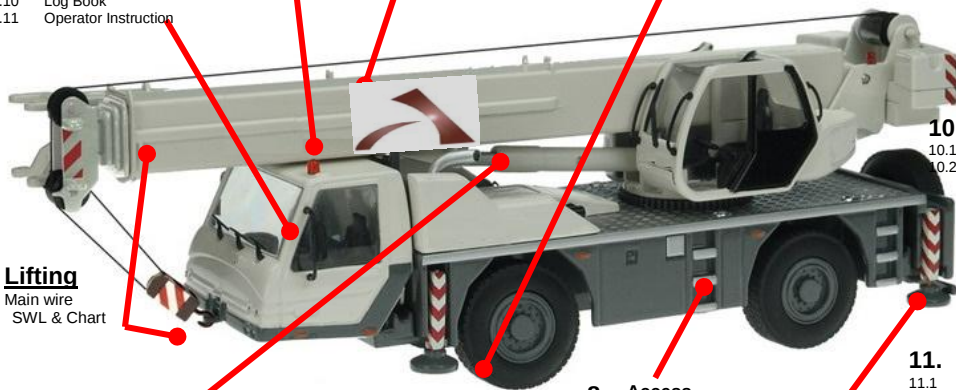


	Week Day							Remarks	Week No.:	Site:	Mobile Crane Check List	
	Sat	Sun	Mon	Tue	Wed	Thu	Fri				Contractor Name	Doc. No.:
1.1									Reg. Number:	Model:	Revision:	Date:
1.2									1. Cabin 1.1 Inspection Sticker 1.2 Cleanliness 1.3 Seat Condition & Seat belt 1.4 Instruments Operational & Labelled 1.5 Levers / Controls Operational 1.6 Pedals in good condition 1.7 Windows / Wipers / Washers 1.8 Rear View Mirror 1.9 Fire Extinguisher 1.10 Log Book 1.11 Operator Instruction 2. Warning Devices 2.1 Horn 2.2 Flashing amber beacon 4. Warning Signs (IN CABIN) 4.1 DANGER: BEWARE OVERHEAD WIRES AND OTHER SERVICES  3. Boom 3.1 Pivot & Connections 3.2 Structure 3.3 Safety Pins (No excessive wear) 7. Weels 7.1 Tyres and Wheels 7.2 Brakes 7.3 Park Brake 5. Lifting 5.1 Main wire 5.2 SWL & Chart 6. Hydraulics 6.1 Cylinders & Hoses 6.2 Connections (Check For excessive wear, Leak and creep) 9. Lifting Accessories 9.1 Slings / Ropes / Chains (tagged and in good working order) 9.2 Steel of timber pads 10. Technical 10.1 Exhaust 10.2 Engine Guarding 8. Access 8.1 Handrails & Steps 11. Lights 11.1 Front & Tail 11.2 Reverse 12. Outriggers 12.1 Outriggers & Rams operatoinal			
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initial								Checks performed by Equipment Operator Name & Signature: _____ Date: _____		Verification by Direct Supervisor: Name & Signature: _____ Date: _____ Function: _____		
Instructions: Indicate everyday with O if OK, N if not OK, '-' if not applicable, Initial in the last row at the bottom every day. This checklist be kept in the vehicle until the end of the week. After the last day, the check list must be signed by the Equipment Operator and verified by the Supervisor.												