



Cranes/Derricks & Material Handling Devices Worksheet for Maritime Industry

Name of Owner (not Lessee) We Own Cranes	Permanent Sticker ID # C000001	Inspection Exp. Date 3/25/10	Proof load Test Exp. Date 3/25/10
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Address 431 White Cloud Blvd	City Seattle	State WA	Zip+4 98124	<input type="checkbox"/> Send Certification to this address
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Is this Crane Leased or Rented? Yes No If Yes, Write Lessee's Name and Address Below: _____
 Send Certification to this address

Description of Crane: On Rails Fixed Base Cab-operated Pendant/Remote operated
 Container Crane Overhead Crane Gantry Crane Portal Crane Pedestal Crane Hyd Mobile Crane Lattice Boom Mobile
 Articulating Crane Derrick Tower Hammerhead Tower Luffing Self-Erecting Tower Crane Other _____

Manufacturer Grove	Owner's ID # ABC123	Model Number ABC1234	Serial Number 55555	Hour Meter Reading 6,123
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Exact Location at time of inspection Annex Bldg #2 White Cloud Blvd	If Cargo Handling Gear state type, Spreader Beam, Spreader Bar, etc. Rough Terrain Hydraulic Crane
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Powered by: <input type="checkbox"/> Steam <input type="checkbox"/> Supplied Electric <input checked="" type="checkbox"/> Diesel <input type="checkbox"/> Diesel Electric <input type="checkbox"/> Other _____	Service status at time of tests (describe) <input type="checkbox"/> Magnetic <input type="checkbox"/> Container Spreader <input checked="" type="checkbox"/> Lifting <input type="checkbox"/> Clamshell <input type="checkbox"/> Other _____
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Boom length at time of Inspection Main hoist: 70' Whip: _____ Jib: 25'	Max Rated Capacity in Lbs 56,000	Type of boom construction (Box, Lattice, etc.) Fabricated Box Sections
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Wire rope	No. Parts	Diameter	No. Strands	Wires per strand	Type of core	Break strength	Attach Mfg. Cert. of wire rope: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Main Hoist	1	5/8"	18	7	IWRC	15.3	Certificate available <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Whip							
Trolley							
Boom							
Boom Pendants							

The following items must be inspected where applicable: (if not applicable, so indicate)

	Accept	Reject	N/A		Accept	Reject	N/A
a) Durable rating chart visible to operator	X			p) Wire Rope Reeving	X		
b) Boom Angle Indicator	X			q) Blocks and Sheaves	X		
c) Radius Indicator	X			r) All Deadening of Cables	X		
d) Operator Controls Marked	X			s) All Hooks Safety Latches & Straps	X		
e) Main Hoist Wire Limit Control (ATB)	X			t) All Brakes	X		
f) Whip Hoist Wire Limit Control (ATB)			X	u) Boom Light Fixture & Safety Lines			X
g) Travel Alarm	X			v) Communication System Dock to Cab			X
h) Gantry, Trolley Limits			X	w) Cable Clamps, proper size, type, spacing	X		
i) All Pins and Shafts	X			x) All clutches, Dogs, Gauges	X		
j) Counterweight	X			y) Weight Indicator Works Properly	X		
k) Boom Stops	X			z) Anti-Collision Device			X
l) Crane Structure, Welds & Fasteners	X			aa) Overload Prevention System	X		
m) Hydraulic Systems	X			bb) Fire Extinguisher	X		
n) Air Systems	X			cc) Wind Indicating Device			X
o) Electrical Systems	X			dd) Hooks, Spreader Twist Locks NDT			X

TEST REQUIRED: Proof load test for cranes must be based on manufacturer's load ratings to be applied at 10% in excess at maximum and minimum radius and at any intermediate radii deemed necessary at time of certification. Derricks must be proof load tested in excess of safe working load: up to 20 T - proof load 25% in excess; 20 T to 50 T - Proof load 5 T in excess; over 50 T - 10% in excess. Bridge type cranes - 25% in excess of manufacturer's ratings.

Radius In feet	Boom Angle	Rated Capacity		Test Load		Load Test %	Main or Whip	Crane Configuration & Test Range
		Tons	Lbs.	Tons	Lbs.			
45'			9,020		9,020	100%	Main	Outriggers fully extended
65'			4,350		4,350	100%	Main	

Means of application of proof load test <input checked="" type="checkbox"/> Certified Test Weights <input type="checkbox"/> Other _____	Basis for Assigned Load Rating Designate Owner <input type="checkbox"/> (explain) <input checked="" type="checkbox"/> Manufacturer
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Remarks (use additional sheets if required) Also indicate where the certificate is to be mailed if different from the address above: _____

I hereby certify the above tests an/or examinations have been conducted in accordance with the following:
 Washington State Safety Standards for Longshoring, Stevedoring and Related Waterfront Operations, WAC 296-56
 Washington State Safety Standards for Ship Repairing, Shipbuilding, and Ship Breaking, WAC 296-304

Date: 3/10/09	Accredited Certifier's Name (please print) John Doe	Accredited Certifier's ID # 111222
Certifier's Phone # 800-800-1234	Address 456 123 Way West, Renton WA 98506	Signature of Accredited Certifier <i>John Doe</i>