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Mobile Cranes/Derricks Supplemental Component Worksheet

Crane Identification	Crane Manufacturer	Crane Permanent Sticker ID #	Crane Serial Number:	Crane Model Number
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TEST REQUIRED: Proof load test for cranes must be based on manufacturer's load ratings and must be at least 100% but not to exceed 110% of the rated capacity. Derricks must be proof load tested in excess of safe working load: for capacities up to 20 tons = proof load 25% in excess; 20 tons to 50 tons = proof load 5 tons in excess; over 50 tons = proof load 10% in excess.

Component List: (Luffing Booms, Swing-away Jibs, Fly Sections, Jibs at Variable offsets, and Boom Sections)

Component Description	Component Manufacturer	Component Serial Number	Component Permanent Sticker ID #	Check If Visually Inspected Only	Component Proof Load Test Conducted?	Component Proof Load Test Expiration Date (mm/dd/yy)	Remarks
				<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	/ /	
				<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	/ /	
				<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	/ /	
				<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	/ /	
				<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	/ /	
				<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	/ /	
				<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	/ /	
				<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	/ /	
				<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	/ /	
				<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	/ /	

Means of Proof Load Test: Certified Test Weights Other _____

Remarks (use additional sheets if required): _____

I hereby certify the above tests and/or examinations have been conducted in accordance with the Washington State Safety Standards for Construction Operations WAC 296-155

Date:	Accredited Certifier's Name (please print)	Accredited Certifier's ID #
Certifier's Phone #	Address	Signature of Accredited Certifier