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Cranes/Derricks & Material Handling Devices Worksheet for Maritime Industry

| | | | | |
|----------------------------|--|------------------------|----------------------|---------------------------|
| Name of Owner (Not Lessee) | | Permanent Sticker ID # | Inspection Exp. Date | Proof load Test Exp. Date |
| Address | | City | State | Zip+4 |
| | | | Phone Number | |

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: <input type="checkbox"/> On Rails <input type="checkbox"/> Fixed Base <input type="checkbox"/> Cab-operated <input type="checkbox"/> Pendant/Remote operated | | | | |
| <input type="checkbox"/> Container Crane <input type="checkbox"/> Overhead Crane <input type="checkbox"/> Gantry Crane <input type="checkbox"/> Portal Crane <input type="checkbox"/> Pedestal Crane <input type="checkbox"/> Hyd Mobile Crane <input type="checkbox"/> Lattice Boom Mobile | | | | |
| <input type="checkbox"/> Articulating Crane <input type="checkbox"/> Derrick <input type="checkbox"/> Tower Hammerhead <input type="checkbox"/> Tower Luffing <input type="checkbox"/> Self-Erecting Tower Crane <input type="checkbox"/> Other | | | | |
| Manufacturer | Owner's ID # | Model Number | Serial Number | Hour Meter Reading |

If Cargo Handling Gear state type, Spreader Beam, Spreader Bar, etc.

| | | | | |
|---------------------------------|--|--|--|--|
| Powered by: | | Service status at time of tests (describe) | | |
| <input type="checkbox"/> Steam | <input type="checkbox"/> Supplied Electric | <input type="checkbox"/> Magnetic | <input type="checkbox"/> Container Spreader | |
| <input type="checkbox"/> Diesel | <input type="checkbox"/> Diesel Electric | <input type="checkbox"/> Other | <input type="checkbox"/> Lifting <input type="checkbox"/> Clamshell <input type="checkbox"/> Other _____ | |

| | | | |
|-----------------------------------|-------|---------------------------|--|
| Boom length at time of Inspection | | Max Rated Capacity in Lbs | Type of boom construction (Box, Lattice, etc.) |
| Main hoist: | Whip: | Jib: | |

| Wire rope | No. Parts | Diameter | No. Strands | Wires per strand | Rotation Res. (Yes/No) | Break strength | Attach Mfg. Cert. of wire rope: |
|------------|-----------|----------|-------------|------------------|------------------------|----------------|---|
| Main Hoist | | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Whip | | | | | | | Certificate available <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Trolley | | | | | | | |
| Boom | | | | | | | |

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

| | Accept | N/A | | Accept | N/A |
|---|--------|-----|---|--------|-----|
| a) Load Rating Chart and Operator's Manual in Cab | | | p) Wire Rope Reeving | | |
| b) Boom Angle Indicator | | | q) Blocks and Sheaves | | |
| c) Radius Indicator | | | r) All Deadening of Cables | | |
| d) Operator Controls Marked | | | s) All Hooks Safety Latches & Straps | | |
| e) Main Hoist Wire Limit Control (ATB) | | | t) All Brakes | | |
| f) Whip Hoist Wire Limit Control (ATB) | | | u) Boom Light Fixture & Safety Lines | | |
| g) Travel Alarm | | | v) Communication System Dock to Cab | | |
| h) Gantry, Trolley Limits | | | w) Cable Clamps, proper size, type, spacing | | |
| i) All Pins and Shafts | | | x) All clutches, Dogs, Gauges | | |
| j) Counterweight per Manufacturer's Requirements | | | y) Weight Indicator Works Properly | | |
| k) Boom Stops & Boom Wear Pads | | | z) Anti-Collision Device | | |
| l) Crane Structure, Welds & Fasteners | | | aa) Overload Prevention System | | |
| m) Hydraulic Systems | | | bb) Fire Extinguisher (10BC min) | | |
| n) Air Systems | | | cc) Wind Indicating Device | | |
| o) Electrical Systems | | | dd) Hooks, Spreader Twist Locks NDT within 1 year | | |

FREELY SUSPENDED PROOF LOAD TEST REQUIRED: Proof load test for cranes must be based on manufacturer's load ratings and must be at least 100% but not exceeding 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 = 10% in excess.

| Main or Whip | Boom Length (Feet) | Radius (Feet) | Boom Angle (Degrees) | Rated Capacity (Lbs) | Total Deductions (Lbs) | Net Rated Capacity (Lbs) | Test Load (Lbs) | Load Test (%) | Crane Configuration & Test Range |
|--------------|--------------------|---------------|----------------------|----------------------|------------------------|--------------------------|-----------------|---------------|----------------------------------|
| | | | | | | | | | |

Was This Crane Tested on Rubber? Yes (List Parameters Below) No

| | | | |
|---|--------------------------------|--|--|
| Means of application of proof load test ("Known weights" is not acceptable) | | Basis for Assigned Load Rating | |
| <input type="checkbox"/> Certified Test Weights | <input type="checkbox"/> Other | Designate Owner <input type="checkbox"/> (explain) Manufacturer <input type="checkbox"/> | |
| Remarks: Additional sheets attached? Yes <input type="checkbox"/> No <input type="checkbox"/> | | Crane Operator's Name (please print) | |

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