



# DAILY CRANE SAFETY CHECKLIST

<b>Report Completed By:</b>

<b>Project</b>	<b>Weather Conditions</b>	<b>Crane #</b>	<b>Date</b>

**INSTRUCTIONS: Check all items indicated. After inspection, indicate condition as S = Satisfactory or U = Unsatisfactory**

1. Walk Around Inspection			2. Machinery			3. Operator Cab Inspection			4. Operation Inspection		
	S	U		S	U		S	U		S	U
a. Safety Guards and Plates			a. Housekeeping			a. Gauges			a. *Area Safety		
b. *Carrier Frame/Rotate Base			b. Engine/Compressor			b. Indicator/Warning Lights			b. Unusual Noises		
c. General Hardware			c. Leaks, Fuel/Oil/Water			c. *Controls/Breaks			c. *Crane Stability		
d. *Wire Rope			d. Lubrication			d. *Visibility			d. *Control Action		
e. *Reeving			e. Battery			e. *Load Rating Charts			e. *Breaks/Boom/Load/Rotate		
f. *Block(s)			f. Lights			f. *Operational Safety Devices			f. *No Load Test		
g. *Hook(s)			g. Glass			g. General Safety Devices			g. *Limit Switches		
h. *Sheaves			h. *Clutch/Brake Lining			h. *Emergency Stops			h. Lube Grease Fittings		
i. *Boom/Jib			i. *Electric Motors			i. *Boom Ankle/Radius Indicator					
j. *Gantry/Pendants/Stops			j. Warning Tags			j. *Electronic Indicators					
k. Walks/Ladders/Handrails			k. Fire Extinguisher(s)			k. Fire Extinguisher					
l. Tires/Wheels/Tracks											
m. Leaks, Fuel/Lube/Oil/Water											
n. *Radius/Boom Angle Indicator											
o. Outriggers/Stabilizers Lock Devices											

INSTRUCTIONS: Inspect all applicable items each shift. Suspend all operations immediately when observing an unsatisfactory condition of any item indicated above with an asterisk (\*). In addition, suspend operation when any unsafe condition is observed and immediately notify your supervisor. Other conditions not affecting safety shall be noted under "Remarks" below and reported to your supervisor.

<b>OPERATOR SIGNATURE</b>

**Record any unusual events which occurred today:**

Operator's Time Record	
Time In:	
Time Out:	
Hours Worked:	

Crane Operating Hours	
Hours Start:	
Hours End:	
Hours for Day:	

<b>Equipment/Supplies Needed:</b> _____