# STANFORD LINEAR ACCELERATOR CENTER

## DAILY INSPECTION TAG

### HOIST/CRAFNE AND ASSOCIATED LIFTING EQUIPMENT

<table>
<thead>
<tr>
<th>HOIST ID</th>
<th>DATED CAPACITY</th>
<th>LBS.</th>
<th>DBLG.</th>
<th>AREA/Col/ROOM</th>
</tr>
</thead>
</table>

- **CHECKED & OK**: Inspect hardware visually from the floor prior to initial use on each day. Hardware is to be used.

- **DEFECT FOUND**: Complete one checklist column for each inspection day.

- **N/A NOT APPLICABLE**: Notify your supervisor to replace tag when all applicable columns are filled in.

### I. FIRST HOIST/CRAFNE OPERATOR OF EACH DAY

1. **BOOKS**: Not deformed. Safety latch not inoperative, or missing.
2. **REELING**: Ropes wind properly.
3. **UP/DOWN TRAVEL, END LOAD AND HORIZONTAL TRAVEL**: Limit switch cut off operable at pull up travel position.
4. **WIRE ROPES FOR HOISTS (VISIBLE PART)**: No broken wires. Rope is un twisted, creased, ripped or frayed.
5. **SEGS**: Not worn, chafed, cut, punctured, frayed, stitches & lines OK.
6. **SHACKLES, HOIST BRIDGES, AND SWIVEL LIFT RINGS**: Not pulled open, elongated, or twisted.
7. **FIBER NOT CRACKED, BENT, OR BINDING IN EYES**: Pin retainer present (e.g. Cotter pin or nut).
8. **HINGES OR SWIVELS FREELY ON ALL PINS**: Rated working load capacity is marked on load or hardware.
9. **SYSTEM Responds PROPERLY TO ALL CONTROLS**: No excessive oil, leak or air pressure leak.

### II. EVERY HOIST/CRAFNE OPERATOR (INCLUDING FIRST OPERATOR)

1. **NOTICE OF DEFECTS**: Immediately notify supervisor of any defects found and record below under remarks (blacken box if host is defective).
2. **INSPECTION SIGNOFF**: Initial here if no defects are found.

### III. REMARKS

1. Verify above equipment was inspected & signed off earlier in the day.
2. Verify or know where the main power cutoff is located.
3. Reinspect that host rope still reeves properly onto drum.
4. Immediately notify your supervisor if any defects.
5. Each operator shall check associated equipment separately.
6. Initial that above steps were completed prior to using equipment.

### IV. SUPERVISOR

1. Verify removal from service of any reported defective equipment.
2. List each defect, disposition, corrective action and reinspection signoff below.
3. Maintain inspection records for each host/crane for a minimum of 1 year.

<table>
<thead>
<tr>
<th>DEFECT DATE</th>
<th>DESCRIPTION OF DEFECTS AND CORRECTIVE ACTION TAKEN</th>
<th>SUPERVISOR</th>
<th>CORR. ACTION DATES</th>
<th>COMPLETED</th>
<th>OK-TO-USE SUPERVISOR SIGNATURE</th>
</tr>
</thead>
</table>

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