STANFORD LINEAR ACCELERATOR CENTER
DAILY INSPECTION TAG
HOIST/CRANE AND ASSOCIATED LIFTING EQUIPMENT

HOIST ID#_____ RATED CAPACITY_____ LBS. BLDG._____ AREA/COL/ROOM_____

√ CHECKED & OK	INSPECT HARDWARE VISUALLY FROM THE FLOOR PRIOR TO INITIAL USE ON EACH DAY HARDWARE IS TO BE USED	DAY OF WEEK									
		SHIFT									
■ DEFECT FOUND	COMPLETE ONE CHECKLIST COLUMN FOR EACH INSPECTION DAY	DAY									
		MONTH									
N/A NOT APPLICABLE	NOTIFY YOUR SUPERVISOR TO REPLACE TAG WHEN ALL APPLICABLE COLUMNS ARE FILLED IN	YEAR									

I. FIRST HOIST/CRANE OPERATOR OF EACH DAY

HOOKS	NOT DEFORMED. SAFETY LATCH NOT INOPERATIVE, OR MISSING.									
REEVING	ROPES WIND PROPERLY.									
UP/DOWN TRAVEL (NO LOAD) AND HORIZONTAL TRAVEL	LIMIT SWITCH CUT OFF OPERABLE AT FULL UP TRAVEL POSITION.									
WIRE ROPES FOR HOISTS (VISIBLE PART)	NO BROKEN WIRES. ROPE IS UNTWISTED, CRUSHED, KINKED OR BIRDCAGED.									
SLINGS	NOT WORN, SNAGGED, CUT, PUNCTURED, FRAYED, STITCHES & LINKS O.K.									
SHACKLES, HOIST RINGS, AND SWIVEL LIFT RINGS	NOT PULLED OPEN, ELONGATED, OR TWISTED.									
	PIN NOT CRACKED, BENT, OR BINDING IN EYES.									
	PIN RETAINER PRESENT (e.g. COTTER PIN OR NUT.									
	HINGES OR SWIVELS FREELY ON ALL PINS.									
GENERAL	RATED WORKLOAD CAPACITY IS MARKED ON LOAD OR HARDWARE.									
	SYSTEM RESPONDS PROPERLY TO ALL CONTROLS.									
	NO EXCESSIVE OIL LEAK OR AIR PRESSURE LEAK.									

(CONTINUED FROM OTHER SIDE)

NOTICE OF DEFECTS	IMMEDIATELY NOTIFY SUPERVISOR OF ANY DEFECTS FOUND AND RECORD BELOW UNDER REMARKS (BLACKEN BOX IF HOIST IS DEFECTIVE).									
INSPECTION SIGNOFF	INITIAL HERE IF NO DEFECTS ARE FOUND.									

II. EVERY HOIST/CRANE OPERATOR (INCLUDING FIRST OPERATOR)

1) VERIFY ABOVE EQUIPMENT WAS INSPECTED & SIGNED OFF EARLIER IN THE DAY.	1ST OPER									
2) VERIFY OR KNOW WHERE THE MAIN POWER CUTOFF IS LOCATED.	2ND OPER									
3) REINSPECT THAT HOIST ROPE STILL REEVES PROPERLY ONTO DRUM.	3RD OPER									
4) IMMEDIATELY NOTIFY YOUR SUPERVISOR OF ANY DEFECTS.	4TH OPER									
5) EACH OPERATOR SHALL CHECK ASSOCIATED EQUIPMENT SEPARATELY.	5TH OPER									
6) INITIAL THAT ABOVE STEPS WERE COMPLETED PRIOR TO USING EQUIPMENT.	6TH OPER									

III. REMARKS

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 HOIST/CRANE FOR A MINIMUM OF (1) ONE YEAR.

DEFECT DATE	DESCRIPTION OF DEFECTS AND CORRECTIVE ACTION TAKEN	SUPERVISOR INITIALS	CORR. ACTION DATES		OK-TO-USE SUPERVISOR SIGNATURE
			INITIATED	COMPLETED	

☆U.S.GPO:1996-583-375