CRANE HUB GLOBAL

SAFETY & COMPLIANCE / FIELD RESOURCES

OVERHEAD CRANE DAILY INSPECTION

Operator inspection record | Mark SAFE, UNSAFE or N/A for each item

Facility / site: _____	Crane ID: _____
Manufacturer / model: _____	Rated capacity: _____
Inspection date: _____	Operator / inspector: _____

01 GENERAL CONDITION

Inspection identification Inspection tag / records present; confirm required inspection status.	☐	☐	☐
Crane disconnect Locate and identify crane disconnect.	☐	☐	☐
Work and loading area Clear of obstacles; load travel path unobstructed.	☐	☐	☐
Capacity Confirm crane rating and planned load weight.	☐	☐	☐
Damaged parts / leaks Check bridge, runway, hoist and trolley for loose, broken, corroded parts or leaks.	☐	☐	☐
Below-the-hook devices Verify lifting devices are appropriate for the intended lift.	☐	☐	☐
Bridge and trolley Check alignment and motor brake function.	☐	☐	☐
General safety Check work-zone access, personnel protection and emergency provisions.	☐	☐	☐

02 ELECTRICAL & CONTROLS

Control buttons Correct direction; no sticking; return to OFF when released.	☐	☐	☐
Warning device Verify crane warning device operates.	☐	☐	☐
Upper limit device Verify upper limit device per manufacturer procedure.	☐	☐	☐
Hoist motion Confirm hook moves correctly in response to UP control.	☐	☐	☐

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Load chain Look for cracks, corrosion or damaged links.	☐	☐	☐
Contact points Check for excessive wear.	☐	☐	☐
Chain sprockets Check for proper operation and visible damage.	☐	☐	☐

04 BOTTOM BLOCK

Sheaves and guards Sheaves turn freely; guards intact and smooth.	☐	☐	☐
Capacity markings Markings are present and legible.	☐	☐	☐
Block integrity Check block and components for cracks or damage.	☐	☐	☐

05 HOOK ASSEMBLY

Safety latch Latch is present and functions properly.	☐	☐	☐
Hook integrity Check for bending, excessive wear or damage; verify free movement.	☐	☐	☐
Hook nut Check nut is secure and locking arrangement intact.	☐	☐	☐

06 DEFECTS, ACTIONS & SIGN-OFF

Defect / item number: _____

Corrective action / work order: _____

Additional notes: _____

Equipment status: ☐ Safe to operate ☐ Removed from service / requires review

Operator signature: _____ Date / time: _____

Supervisor / maintenance review (if needed): _____ Date: _____

Use note: Adapted from the uploaded overhead crane inspection resource for CHG field use. The source references OSHA 29 CFR 1910.179. This checklist is not an official OSHA form and does not replace required inspections, qualified-person assessments, manufacturer instructions, or site-specific procedures.