MOBILE CRANE

MONTHLY INSPECTION CHECKLIST

Operator / inspector record | Mark one result for each item

CRANE HUB GLOBAL | FIELD CHECKLIST | CHG-MC-002

CRANE NAME / NUMBER	CRANE TYPE / MODEL	RATED CAPACITY
INSPECTION DATE	**LOCATION / SITE**	**OPERATOR / INSPECTOR**

HOUR METER - START	HOUR METER - STOP	TOTAL HOURS OPERATED

WALK-AROUND INSPECTION

S = Satisfactory | U = Unsatisfactory | N/A = Not applicable

INSPECTION ITEM	NOTES / OBSERVATIONS	S	U	N/A
01 Control mechanisms		☐	☐	☐
02 Control and drive mechanisms		☐	☐	☐
03 Air, hydraulic, and other pressurized lines		☐	☐	☐
04 Hydraulic system fluid level		☐	☐	☐
05 Hooks and latches		☐	☐	☐
06 Wire rope		☐	☐	☐
07 Reeving		☐	☐	☐
08 Electrical apparatus		☐	☐	☐
09 Tires		☐	☐	☐
10 Ground conditions		☐	☐	☐
11 Equipment level		☐	☐	☐
12 Operator cab windows		☐	☐	☐
13 Rails, stops, and rail clamps		☐	☐	☐
14 Safety devices and operational aids		☐	☐	☐

COMMENTS / DEFICIENCIES / CORRECTIVE ACTIONS

DEFICIENCY REVIEW & SIGN-OFF

Complete this section for any unsatisfactory finding and retain with the inspection record.

ITEM NO. / DEFECT DESCRIPTION

CORRECTIVE ACTION / WORK ORDER

REPAIR STATUS / FOLLOW-UP NOTES

EQUIPMENT STATUS

- ☐ No deficiencies reported
- ☐ Deficiencies reported
- ☐ Removed from service

OPERATOR / INSPECTOR

Signature

OPERATOR DATE

SUPERVISOR / REVIEWER

Signature

SUPERVISOR DATE

IMPORTANT SAFETY NOTE

Report unsafe findings promptly and follow the employer's removal-from-service procedures.
This form does not replace manufacturer instructions or required inspections.

Adapted from the supplied monthly mobile crane inspection form; CHG field-use edition.
For reference: OSHA 29 CFR 1926.1412, as applicable. Not an OSHA-issued form.