



MONTHLY CRANE INSPECTION CERTIFICATION

EQUIPMENT NO: _____

DESCRIPTION: _____

LOCATION: _____

Crane, as described above has been inspected per OSHA 29CFR Part 1926.550 (b) (2)

ON THIS _____ DAY OF _____, _____
(day of week) *(Month)* *(Year)*

LD DOCSA ASSOCIATES, INC.

BY: _____ DATE: _____
(Signature)

POSITION/TITLE: _____

(Instructions)

The assigned operator should complete this written inspection the 1st week of each month. Any deficiencies should be noted and reported to the Project Superintendent. In the event the operator cannot correct the deficiency, the Superintendent should report the deficiency immediately to the L.D. DOCSA EQUIPMENT MANAGER. A copy of this form should also be forwarded to the L.D. DOCSA SAFETY DEPARTMENT for follow-up with the mechanic to assure repairs are completed.