



TOWER CRANE (FOR CRANE OPERATORS)

“WEEKLY and MONTHLY INSPECTION”

Lessee: _____ Week of: _____ Year: _____

Project: _____ Crane Owner: _____

Site Address: _____

Crane Make: _____ Model: _____ Serial #: _____

= Approved and in *good* working order X = Found faulty – notified supervisor
 – = Not applicable to this item (details required under remarks)

WEEKLY INSPECTION

#	Tower Crane Operator	Week 1	Week 2	Week 3	Week 4
1	Trolley rollers, tracks, slewing rings, and rollers				
2	Sheaves, brushings, and pins				
3	Jib backstops (boom stop) if applicable (luffing only)				
4	Boom hoist brake (luffing only)				
5	Guy ropes, pendant lines, cable clips, thimbles, and ferrules				
6	All rope attachments (dead end)				
7	Inspect load line, trolley line, and boom hoist rope, if applicable				
8	Tie-ins to slabs or other bracing systems if used				
9	Machine is properly lubricated and oil reservoirs checked				
10	Inspection of all drive components				
11	Counterweight supports and brackets are secure				
12	Anchor bolts/pins				
13	Tower bolts/pins				
14	Track level, parallel				
15	Supervisor notified of defects or faults				
16	Operator to initial weekly				

MONTHLY INSPECTION

Date: _____

1	Bogie wear (travelling cranes)	
2	All belts for tension, alignment, and signs of chaffing	
3	All brakes for adjustment and wear	
4	Load line path: drums, sheave wear, bearings, and mounts	
5	Trolley line path: drums, sheave wear, bearings, and mounts	
6	Fire extinguisher	
7	Windows and guards (visibility)	
8	Heater	
9	Cab supports	
10	Pendent line connections	
11	Supervisor notified of defects or faults	

12	Operator to initial monthly	
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Remarks: _____

Weekly Supervisor and Operator signatures indicating inspections have been completed.

Operator's Signature: _____ Operator's Name: _____ Certificate No. _____

Supervisor's Signature: _____ Supervisor's Name: _____