

| Crawler Crane Daily Inspection Checklist Form | | | | | | | | |
|---|--------|----|----|----|----|-------------------|----|---------|
| Operator : | | | | | | Inspected By : | | |
| Company : | | | | | | Inspection Date : | | |
| Location : | | | | | | Merk : | | |
| SIO Number : | | | | | | Type : | | |
| SILO Number : | | | | | | Serial number : | | |
| Validity period SIO : | | | | | | Capacity : | | |
| Validity period SILO : | | | | | | | | |
| Item Checklist | STATUS | | | | | | | REMARKS |
| | D1 | D2 | D3 | D4 | D5 | D6 | D7 | |
| Tires | | | | | | | | |
| Condition | | | | | | | | |
| Inflation | | | | | | | | |
| Outriggers and Pads | | | | | | | | |
| Condition | | | | | | | | |
| Locks | | | | | | | | |
| Oil Leaks | | | | | | | | |
| Engine | | | | | | | | |
| Wheels | | | | | | | | |
| Under Crane | | | | | | | | |
| Load Block | | | | | | | | |
| Condition | | | | | | | | |
| Lubrication | | | | | | | | |
| Hook Ball | | | | | | | | |
| Condition | | | | | | | | |
| Lubrication | | | | | | | | |
| All Hooks | | | | | | | | |
| Deformation | | | | | | | | |
| Cracks | | | | | | | | |
| Latches | | | | | | | | |
| Boom | | | | | | | | |
| Condition | | | | | | | | |

| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| Lubrication | | | | | | | | |
| Wear Pads & Adjustments | | | | | | | | |
| Sheaves and Guards | | | | | | | | |
| Hydraulic Oil Level and Filter Indicator | | | | | | | | |
| General Lubrication | | | | | | | | |
| Machine | | | | | | | | |
| Outriggers | | | | | | | | |
| Main Hoist Cable | | | | | | | | |
| Auxiliary Hoist Cable | | | | | | | | |
| Wire Rope End Connections | | | | | | | | |
| Housekeeping, Cab, Tools and Rigging Boxes | | | | | | | | |
| Gauges, Alarms, and Electrical Devices | | | | | | | | |
| Cab Glass Condition | | | | | | | | |
| Wipers | | | | | | | | |
| Controls for Operation, wear and Adjustments | | | | | | | | |
| Brakes-Swing and Parking | | | | | | | | |
| Positive Swing Lock and Travel Lock | | | | | | | | |
| Load Charts | | | | | | | | |
| Required Decals, Hand Signal and 2- Electrical Warnings Outside Pinch Points | | | | | | | | |
| Fire Extinguisher | | | | | | | | |
| Back Up Alarm | | | | | | | | |
| Safety Devices | | | | | | | | |
| Level Indicator | | | | | | | | |
| Hydraulic Check Valves | | | | | | | | |
| Signal Horn | | | | | | | | |
| Operational Aids | | | | | | | | |
| Anti-Two-Block Device | | | | | | | | |
| Boom Angle or Radius Indicator | | | | | | | | |
| Luffing Jib Angle Indicator | | | | | | | | |
| Boom Length Indicator | | | | | | | | |
| Load Indicator | | | | | | | | |
| OMS System (Outrigger Monitoring System) | | | | | | | | |

STOP AND TAKE IMMEDIATE REPAIR

| Form No. 101 (Rev. 12/2019) | |
|---|--|
| Form for the Reporting of Accidents and Incidents | |
| 1. Name of the Reporting Person: _____ | |
| 2. Designation: _____ | |
| 3. Department: _____ | |
| 4. Date of Report: _____ | |
| 5. Time of Report: _____ | |
| 6. Location of Incident: _____ | |
| 7. Nature of Incident: _____ | |
| 8. Details of Incident: _____ | |
| 9. Action Taken: _____ | |
| 10. Remarks: _____ | |
| 11. Signature of Reporting Person: _____ | |
| 12. Signature of Authority: _____ | |
| 13. Date of Approval: _____ | |
| 14. Remarks: _____ | |
| 15. Signature of Authority: _____ | |
| 16. Date of Approval: _____ | |
| 17. Remarks: _____ | |
| 18. Signature of Authority: _____ | |
| 19. Date of Approval: _____ | |
| 20. Remarks: _____ | |
| 21. Signature of Authority: _____ | |
| 22. Date of Approval: _____ | |
| 23. Remarks: _____ | |
| 24. Signature of Authority: _____ | |
| 25. Date of Approval: _____ | |
| 26. Remarks: _____ | |
| 27. Signature of Authority: _____ | |
| 28. Date of Approval: _____ | |
| 29. Remarks: _____ | |
| 30. Signature of Authority: _____ | |
| 31. Date of Approval: _____ | |
| 32. Remarks: _____ | |
| 33. Signature of Authority: _____ | |
| 34. Date of Approval: _____ | |
| 35. Remarks: _____ | |
| 36. Signature of Authority: _____ | |
| 37. Date of Approval: _____ | |
| 38. Remarks: _____ | |
| 39. Signature of Authority: _____ | |
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| 41. Remarks: _____ | |
| 42. Signature of Authority: _____ | |
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| 54. Signature of Authority: _____ | |
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| 56. Remarks: _____ | |
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| 62. Remarks: _____ | |
| 63. Signature of Authority: _____ | |
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| 65. Remarks: _____ | |
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| 92. Remarks: _____ | |
| 93. Signature of Authority: _____ | |
| 94. Date of Approval: _____ | |
| 95. Remarks: _____ | |
| 96. Signature of Authority: _____ | |
| 97. Date of Approval: _____ | |
| 98. Remarks: _____ | |
| 99. Signature of Authority: _____ | |
| 100. Date of Approval: _____ | |
| 101. Remarks: _____ | |

Inspected By,

Date, _____

