

Document Titled	CRANE CHECKLIST	Revision No.	-
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Projection Site:	Date:
Location:	Time:

Crane Information

Reg. No:	Manufacturer:	Capacity:
Crane type:	Company:	
PMA No:	PMA Expiry Date:	

Driver Information

Name:	IC No:
DOSH Reg. No:	Driving License:
Assistant / Signalman:	Experience:

Crane Visual Inspection

No.	Particular	OK	Fail	N/A	Remarks
1	Hydraulic, pneumatic, fluid or oil leak				
2	Vehicle tire inflation and conditions				
3	Wire rope, sheaves and drum rigging condition				
4	Boom and jib straightness, deformation or cracks				
5	Outrigger condition and extension				
6	Hook, hook latch, hook roller bracket, cable clips				
7	Pins, bearing, shafts, gears and roller conditions				

Safety Devices Inspection

1	Operator with proper PPE and attire				
2	Load indicator system / host limit switch				
3	Breaking system (motion and hoisting)				
4	Boom angle indicator				
5	Lifting chart				

Crane Operation Inspection

1	Outrigger extension and levelling				
2	Cab rotation				
3	Boom extension and movement				
4	Wire rope extraction and retraction				
5	Smoke emission				

Inspected by HSE In-charge	Overall results
	OK / REJECT

Inspected by HSE In-charge	Acknowledge by Operator	Reviewed by Project Manager
Name:	Name:	Name:
Date:	Date:	Date: