DAILY CRANE INSPECTION CHECKLIST

OSHA 1926

DO NOT OPERATE if any critical item fails inspection. Tag out and report immediately.

EQUIPMENT INFORMATION

Date: _____ Time: _____ Shift: _____ Weather: _____

Crane Type: _____ Make/Model: _____ Capacity: _____

Crane ID/Unit #: _____ Serial #: _____ Hour Meter: _____

Project/Job Site: _____ Location on Site: _____

Operator Name: _____ Cert. #: _____ Exp. Date: _____

LEGEND: P = Pass F = Fail (Do Not Operate) N/A = Not Applicable *** = Critical Safety Item**

PRE-OPERATION VISUAL INSPECTION (Engine Off)

Inspection Item	P	F	N/A
* Operator's manual and load charts present and legible	☐	☐	☐
* Annual inspection certificate current and posted	☐	☐	☐
* Fire extinguisher charged and accessible	☐	☐	☐
* All guards and covers in place and secured	☐	☐	☐
Cab windows clean and unobstructed	☐	☐	☐
Mirrors properly adjusted	☐	☐	☐
Steps, ladders, and walkways clear and secure	☐	☐	☐
* No visible structural damage, cracks, or deformation	☐	☐	☐
* Outriggers/stabilizers — no damage, pads present	☐	☐	☐
Tires/tracks — proper inflation, no damage (if applicable)	☐	☐	☐
* Hydraulic system — no visible leaks	☐	☐	☐
Engine compartment — no leaks, debris, or damage	☐	☐	☐
Fuel level adequate	☐	☐	☐
* Counterweights properly installed and secured	☐	☐	☐
Boom sections — no damage, properly pinned	☐	☐	☐
* Wire rope — no kinks, bird-caging, or broken strands	☐	☐	☐
* Hook — no cracks, latch operates properly	☐	☐	☐
* Load block/ball — in good condition	☐	☐	☐
All placards and warning labels legible	☐	☐	☐

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FUNCTIONAL TESTS (Engine Running — Clear Area Before Testing)

Inspection Item	P	F	N/A
Engine starts properly, no unusual noises	☐	☐	☐
All gauges and indicators functioning	☐	☐	☐
* Emergency stop (E-stop) operates correctly	☐	☐	☐
* Brakes — swing, travel, hoist operate properly	☐	☐	☐
* Load moment indicator (LMI) functioning	☐	☐	☐
* Anti-two block device functioning	☐	☐	☐
* Boom angle/length indicators accurate	☐	☐	☐
* Hoist upper limit switch operates correctly	☐	☐	☐
* Horn/warning devices operational	☐	☐	☐
Backup alarm functioning (if applicable)	☐	☐	☐
* Outriggers extend/retract properly, hold position	☐	☐	☐
Swing function — smooth operation, proper braking	☐	☐	☐
Boom hoist — raises/lowers smoothly, holds position	☐	☐	☐
Main hoist — raises/lowers smoothly	☐	☐	☐
Auxiliary hoist — raises/lowers smoothly (if equipped)	☐	☐	☐
Boom telescope — extends/retracts smoothly (if equipped)	☐	☐	☐
Travel function — forward/reverse operates correctly	☐	☐	☐
Steering operates correctly	☐	☐	☐
Lights operational (if applicable)	☐	☐	☐
Windshield wipers/washers functional	☐	☐	☐
HVAC system working (if applicable)	☐	☐	☐

WIRE ROPE & RIGGING INSPECTION

Inspection Item	P	F	N/A
* No broken wires (>6 randomly or >3 in one strand per lay)	☐	☐	☐
* No kinking, crushing, bird-caging, or core protrusion	☐	☐	☐
* No excessive wear (>1/3 original diameter)	☐	☐	☐
* No heat damage, discoloration, or corrosion	☐	☐	☐
* Proper spooling on drum, no cross-winding	☐	☐	☐
* End connections secure (wedge sockets, clips)	☐	☐	☐
* Sheaves/pulleys in good condition, rotate freely	☐	☐	☐
* Hook throat opening within tolerance	☐	☐	☐

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GROUND CONDITIONS & SETUP (Complete before each lift)

Inspection Item	P	F	N/A
* Ground conditions adequate for crane weight/load	☐	☐	☐
* Level within manufacturer specifications	☐	☐	☐
* Outriggers fully extended and on adequate cribbing/pads	☐	☐	☐
* Safe distance from excavations, slopes, or edges	☐	☐	☐
* Adequate clearance from power lines (min. 20 ft for <350kV)	☐	☐	☐
* Swing radius barricaded or controlled	☐	☐	☐
* Load chart reviewed for configuration and capacity	☐	☐	☐
No overhead obstructions in work area	☐	☐	☐
Communication method established with signal person	☐	☐	☐

DEFICIENCIES / CORRECTIVE ACTIONS

List all failed items and corrective actions taken:

OPERATOR CERTIFICATION

OPERATOR DECLARATION

I certify that I have performed a thorough inspection of this crane and all systems are in safe operating condition. Any deficiencies noted have been reported and corrected or the crane has been tagged out of service.

Operator Signature: _____ Date: _____ Time: _____

SUPERVISOR REVIEW (If required by company policy)

I have reviewed this inspection and authorize crane operation.

Supervisor Name (Print): _____ Signature: _____ Date: _____

Crane Authorized for Operation: ☐ Yes ☐ No — See Deficiencies

RECORD RETENTION: Retain this checklist for a minimum of 3 months per OSHA 1926.1412(e). Annual inspection records must be retained until the next annual inspection or equipment disposal.