



Mobile Equipment: Hydraulic Crane Preliminary Inspection Report

MAKE: _____ MODEL: _____ CAPACITY: _____

TYPE: _____ SERIAL NO. _____ LOCATION: _____

Mark each box with D, R, S, N/A Deficient Repair Satisfactory N/A

General:	D	R	S	N/A
Keepers/bolts/fastener				
Warning signs/decals				
Hand signal chart				
Access covers/latches				
Lubrication				
Non-slip surface				
Guards				
Fire extinguisher				

ENGINE:	D	R	S	N/A
Oil/leaks				
Cooling system				
Battery/anchor				
Muffler/exhaust system				

Hydraulic System:	D	R	S	N/A
Leaks				
Hoses/piping/fillings				

Carrier:	D	R	S	N/A
Frame				
Outrigger cylinders				
Outrigger pad/keepers				
Tire ply rating				
Tire condition				

Carrier Cab:	D	R	S	N/A
Load chart				
Controls				
Steering				
Travel				
Swing Brake				
Alarms/horn				
All switches				
Axle lockouts				
Windows/wipers				
Seat/seal belt				
Gauges				
Lights/turn signals				
Heater/fan				
Parking brake				

Upper Works:	D	R	S	N/A
Anti two block				
Computer (load test)				
Boom angle indicator				
Main hoist				
Auxiliary hoist				
Rope end connections				
Sheaves/bushing				
Block/ball NDT				
Boom angle indicator				
Jib/connections				
Swing assembly				
Boom hoist cylinder				
Telescoping				
Extension				

Remarks: _____

Inspected by: _____ Date: _____

☐ Accepted to use
 ☐ Awaiting Repairs
 ☐ Not in compliance/Rejected