



Frequent/Daily Inspection

Customer: _____

Department: _____

Location: _____

Capacity: _____

Manufacture: _____

Serial Number: _____

Model Number: _____

Crane Type: Jib Monorail Fixed UH TR

ITEM	*	COMMENTS
Upper Limit		
Pendent Station		
Control Markings		
Capacity Markings		
Safety Tag		
Wire Rope or Chain		
Hook		
Sheaves		
Hoist Brake		
Trolley Brake		
Bridge Brake		
Lubrication		

*A= Acceptable

D= Defective/Report

Remarks:

INSPECTOR: _____ DATE: _____

Certified to ISO 9001:2000 Standards



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