



Tower Crane Worksheet for Construction Industry

Name of Owner (not Lessee)			Permanent Sticker ID #	Inspection Expiration Date
Address	City	State	Zip+4	<input type="checkbox"/> Send Certification to this address

Is this Crane Leased or Rented? Yes No If yes, Write Lessee's Name and Address Below:

Send Certification to this address

Description <input type="checkbox"/> On Rails <input type="checkbox"/> Fixed Base <input type="checkbox"/> Hammerhead Tower Crane <input type="checkbox"/> Luffing Tower Crane <input type="checkbox"/> Self-Erecting Tower Crane <input type="checkbox"/> Other				Owner's ID #
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Manufacturer	Model Number	Serial Number
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Site Address	City	State	Zip+4
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Number of Tower Sections at Time of Inspection _____ Is Crane on a Non-stand. Base <input type="checkbox"/> Yes, <input type="checkbox"/> No - If Yes, Is it approved by 2 RPE <input type="checkbox"/> Yes, <input type="checkbox"/> No	Within the next 12 Months: Will the Tower be Jumped/Raised? <input type="checkbox"/> Yes <input type="checkbox"/> No Will the Boom, Jib, or Counter Jib be Re-Configured <input type="checkbox"/> Yes <input type="checkbox"/> No
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Max Boom Length _____ ft. Max Rated Capacity _____ lbs. Capacity at Max Radius _____ lbs.

Height Under Hook		ft.		Hook Reach		ft.		Hour Meter Reading	
Wire Rope	No. Parts	Diameter	No. Strands	Wires per Strand	Type Core	Break Strength	Attach Mfg. Cert. of Wire Rope:		
Main Hoist							<input type="checkbox"/> Yes <input type="checkbox"/> No		
Trolley							<input type="checkbox"/> Yes <input type="checkbox"/> No		
Boom							<input type="checkbox"/> Yes <input type="checkbox"/> No		
Boom Pendants							<input type="checkbox"/> Yes <input type="checkbox"/> No		

The following items must be thoroughly inspected: (if not applicable, so indicate) (If Rejected, state in Remarks)

	Accept	Reject	N/A		Accept	Reject	N/A
a) Rail Track Assembly				r) Main Jib or Luffing Boom			
b) Stationary Crane – Foundation & Bolts				s) Counter-Jib & Counterweights			
c) Ballast				t) Machine Deck/ Hoisting Unit			
d) Traveling Crane Undercarriage				u) Access, Ladders, and Handrails			
e) Traveling Gear				v) Operator's Manual & Load Chart			
f) Slewing Gear				w) Data Plates / Warning Signs, Decals			
g) Hoist Gear				x) Operator's Controls			
h) Luffing Gear				y) Operator's Cab, Fire Extngr. & Windows			
i) Trolley Travel Gear				z) Operational Aids, LMI, etc.			
j) Trolley Carriage				aa) Limit Switches			
k) All Brakes				bb) Slewing Area Limitation			
l) Wire Ropes, Drum, Reeving & Hook				cc) Tower Top			
m) Rope Sheaves				dd) Pennant Bars / Cables, Pins, and Links			
n) Tower Section Condition & Fasteners				ee) Anemometer			
o) Structural Welds				ff) Climbing Cage			
p) Tower Slewing Section				gg) Tower Tie-Ins			
q) Electrical System				hh) Lubrication & Other Required Maint.			

TEST REQUIRED: Tower crane hoist load limit switches must be set in accordance with the manufacture's specifications using certified weights or a calibrated certified scale. Procedure is to be verified by the accredited crane certifier.

Radius In Feet	Proof Load Weight in Pounds	Rated Capacity Weight in Pounds	Remarks

Means of Proof Load Test:
 Certified Test Weights Other

Remarks (use additional sheets if required) Also indicate where the certificate is to be mailed if different from the address above:

I hereby certify the above tests and/or examinations have been conducted in accordance with the following: Washington State Safety Standards for Construction Operations, WAC 296-155. A copy of this worksheet will be used as a temporary certificate until L&I issue the annual certification. This temporary certificate is valid for 30 days after the date of this inspection.

Date:	Accredited Certifier's Name (please print)	Accredited Certifier's ID #
Certifier's Phone #	Address	Signature of Accredited Certifier