

Crane Daily Inspection Log

Date:

Crane Operator:

Crane Model/ID:

Location:

Inspection Checklist

Item	OK	Needs Attention	Comments
Controls & Safety Devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Wire Rope/Chain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Hooks & Latches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Hydraulic Components	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Brakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Outriggers & Stabilizers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Warning Devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Tires/Tracks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Cabin/Seat Belts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Fire Extinguisher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Notes / Actions Taken

Inspector Signature:

Date: