

# Cargo Handling Gear Inspection Form

Vessel Name

Inspection Date

Inspected By

Location

## Inspection Details

Item	Condition	Remarks
Hooks & Shackles	<input type="text"/>	<input type="text"/>
Wire Ropes	<input type="text"/>	<input type="text"/>
Blocks & Sheaves	<input type="text"/>	<input type="text"/>
Winches	<input type="text"/>	<input type="text"/>
Cranes/Derricks	<input type="text"/>	<input type="text"/>
Slings	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>

Additional Comments

Inspector Signature

Date Signed