

 AngloAmerican	Dawson FORM Contractor Inspection – Vehicle Loading Crane		FRM – 0254S

Equipment Owner or Responsible Person		Equipment Type/Make/Model/Shape		Call Sign/Equipment ID	Registration Number
Company the inspection is conducted for		Inspected by (print)		Inspection Company	
Declaration Submitted	Towing Capacity	Meter Reading	First Inspection <input type="checkbox"/>	Annual Inspection <input type="checkbox"/>	
<input type="checkbox"/> Yes <input type="checkbox"/> No			Random Inspection <input type="checkbox"/>	Re-Inspection <input type="checkbox"/>	

	Pass	Fail	N/A
ID signage	<input type="checkbox"/>	<input type="checkbox"/>	
Isolation & lockout labelled	<input type="checkbox"/>	<input type="checkbox"/>	
Shutdown bar / Deadman switch	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency stop	<input type="checkbox"/>	<input type="checkbox"/>	
Statutory check	<input type="checkbox"/>	<input type="checkbox"/>	
Labelling	<input type="checkbox"/>	<input type="checkbox"/>	
Control panel & gauges	<input type="checkbox"/>	<input type="checkbox"/>	
Clearly labelled directional arrows on control levers	<input type="checkbox"/>	<input type="checkbox"/>	
Crane hook	<input type="checkbox"/>	<input type="checkbox"/>	
Mounting bolts secure	<input type="checkbox"/>	<input type="checkbox"/>	
Lifting equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outrigger reflective striping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brackets & pins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Pass	Fail	N/A
No visible structural damage or cracks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hydraulic hoses & fittings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Load indicating/load limiting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
'No go' zone label visible by operator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
'No go' zone control: electronic/hydraulic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
'No go' zone control: hard stops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cover over control levers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operating instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance & inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Modified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pre-operation safety check	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pinch points identified and labelled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire Suppression Foam Fluorine Free (Provide Evidence)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Result of Inspection	Pass:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Follow up inspection required:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Sticker Issued (circle)	Green Orange	Sticker number:	Expiry date / /

Comments or details of repairs needed

I certify that this report is a true record of the equipment's compliance.

Signature (Inspector): Date: Location of Inspection: