Tower Crane Pre-Shift Inspection Checklist for Operators



STANDARD TOWER CRANE (FOR CRANE OPERATORS)
“START OF SHIFT INSPECTION”

Operator: _____
_____Week of: _____
__Year: _____

Project: _____
_____Crane Owner: _____
_____

Site
Address: _____
_____
_____

Crane Make: _____Model: ___
_____Serial #:_____
_____