

PROJECT:	QUALIFIED USER/OPERATOR (full name):
LOCATION:	MOTORIZED UNIT SERIAL NUMBER:
CONTRACTOR:	DATE (WEEK OF):



Each Hydro Mobile hoist system must be inspected daily or before every working shift, as well as weekly. These inspections must be carried out by a qualified user / operator. Use the spaces below to monitor 6 days of the daily and weekly inspections. Use the Notes and Comments section to indicate any discrepancy or any item found to be not acceptable. Any discrepancy must be reported and appropriate corrective action must be taken immediately. Corrective actions must be performed by a qualified technician. "Qualified" means a person who, by possession of a recognized degree, certificate or professional standing, or who by extensive knowledge, training and experience, has successfully demonstrated the ability to solve or resolve problems relating to the subject matter, the work or the project. Only a qualified user/operator on the specific make and model of the Hydro Mobile equipment is allowed to perform daily and weekly maintenance inspections and only a qualified technician on the specific make and model of the Hydro Mobile equipment is allowed to perform repairs on Hydro Mobile hoists. These inspections and repairs must be performed according to the guidelines, instructions, warnings and methods set out in the owner's manuals and Hydro Mobile training courses.

**Daily and weekly inspections must be performed by a qualified user/operator (see above).**

USE CHECK MARK FOR EACH ENTRY VERIFIED. IF NECESSARY, TAKE CORRECTIVE ACTION BEFORE INSERTING CHECK MARK.

1	2	3	4	5	WEEK
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### ACCESS and SAFETY

SERIAL NUMBER (if applicable):

1	A legible copy of the Owner's manual is present in the toolbox.						
2	All safety guardrails are in position and gates are operational and lock properly (no fall hazard).						
3	An evacuation plan specific to the job site is available to all workers.						
4	Doors are clear of any obstruction and are in good condition.						
5	Minimum clearance from overhead power lines is maintained according to local regulation.						
6	Perimeter of loading/unloading area is safe and delimited (warning tape, concrete blocks).						
7	Setup and installation meet the requirements prescribed by owner's manual or approved engineering drawing.						

### HOIST – COMPONENTS

SERIAL NUMBER (if applicable):

8	Cross braces are in position, secured and in good condition.						
9	Hoist structure has been inspected and shows no signs of damage or distortion.						
10	Hydraulic hoses clear trolley movement.						
11	If hoist is equipped with limit switches (inward, outward and anti-two block), all have been checked and are working properly.						
12	Motorized unit and trolley are level.						
13	The support frames are properly secured to the motorized unit.						
14	Traverse chain and chain pivot have been lubricated.						
15	Traverse chain and sprockets have been inspected.						

### POWER PACK and HYDRAULIC COMPONENTS

SERIAL NUMBER (if applicable):

16	Control pendant has been inspected. Pendant shows no signs of damage and is working properly.						
17	Emergency stop has been verified and is working properly. IGNITION MUST BE TURNED OFF when the unit is not in operation.						
18	Gasoline and engine oil levels are appropriate or have been replenished.						
19	Hydraulic hoses have been inspected and show no leaks or signs of wear.						

### WINCH

SERIAL NUMBER (if applicable):

20	Lifting cable has been inspected and shows no signs of damages or wear.						
21	Lifting cable is wound properly.						
22	Wedge socket and hook have been inspected and are in good condition. The routing of the wire rope through the wedge socket is appropriate.						
23	Wire rope has been lubricated with appropriate cable lubricant.						

### GENERAL

SERIAL NUMBER (if applicable):

24	The motorized unit supporting the hoist installation meets with the Owner's manual requirements for a motorized unit with a hoist installation.						
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### LOADS

SERIAL NUMBER (if applicable):

25	Loads on the platform do not exceed those prescribed by the capacity charts or by the job-specific authorized layout plan and are evenly distributed.						
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**NOTES and COMMENTS**

DATE ENTERED	NOTE or COMMENT	CORRECTIVE ACTION REQUIRED	DATE OF REPORT TO OWNER/USER	DATE OF COMPLETION FOR CORRECTIVE ACTION

The undersigned certifies that this unit and its accessories have been properly inspected, in due time, that any discrepancy has been brought to the attention of the owner/user and that all discrepancies have been corrected prior to further use of this unit or its accessories.

Signature of QUALIFIED  
USER/OPERATOR

DATE OF INSPECTION

DAY 1
DAY 2
DAY 3


Signature of QUALIFIED  
USER/OPERATOR

DATE OF INSPECTION

DAY 4
DAY 5
WEEK
