

Crane Pre-use Inspection

A crane operator pre-use record covering machine identification, manufacturer checks, visible condition, safety devices, defects and handover.

1. Record details and scope

Project

Filled in from the project in SiteSurvey.

Site or premises address

Client or organisation

Record date *

Person completing the record *

This is a pre-use evidence record for a trained operator. It is not a lift plan, proof-load test, thorough examination report or certification that a crane is safe for every lift.

No. HSE distinguishes operator pre-use checks from maintenance, formal inspection and thorough examination. Inspection arrangements must reflect the crane, its use and manufacturer instructions. Lifting operations also need suitable planning and competent people.

2. Crane and operator

Crane asset ID and location *

Make, model and crane type *

Scan the crane data plate

Scanned in the SiteSurvey app. On paper, write the numbers: serial number, model number, asset number.

Operator and authorisation reference *

Manufacturer pre-use checklist reference *

Latest examination report reference and date

Configuration, boom and attachments

Identify the configuration checked and the instruction used. A check of one configuration should not be presented as covering another setup.

3. Pre-use checks

Required examination and maintenance information available * (choose one)

☐ Acceptable ☐ Action needed ☐ Not checked ☐ Not applicable

Action, limitation or reason not applicable * (if applicable)

Visible structure, ropes, hook and connections checked to instructions * (choose one)

☐ Acceptable ☐ Action needed ☐ Not checked ☐ Not applicable

Action, limitation or reason not applicable * (if applicable)

Leaks, tyres or tracks and access checked where applicable * (choose one)

☐ Acceptable ☐ Action needed ☐ Not checked ☐ Not applicable

Action, limitation or reason not applicable * (if applicable)

Controls, stops, indicators and limiting devices checked to instructions * (choose one)

☐ Acceptable ☐ Action needed ☐ Not checked ☐ Not applicable

Action, limitation or reason not applicable * (if applicable)

Outriggers or supports and operating area considered * (choose one)

☐ Acceptable ☐ Action needed ☐ Not checked ☐ Not applicable

Action, limitation or reason not applicable * (if applicable)

Outstanding defects and operating restrictions reviewed * (choose one)

☐ Acceptable ☐ Action needed ☐ Not checked ☐ Not applicable

Action, limitation or reason not applicable * (if applicable)

Supporting photos (photos: attach, or note the file names)

4. Defects and handover

Defects, restrictions and action taken

Person receiving defect report

How use was prevented where a defect makes operation unsafe

Separate lift plan reference

Information passed to the supervisor or next operator

5. Actions and review

Are further actions required? * (choose one)

☐ Yes ☐ No

Further action (copy this block for each one; if applicable)

Action and evidence reference *

Person responsible *

Target date

Action status * (choose one)

☐ Open ☐ In progress ☐ Completed

Completion evidence * (if applicable)

Outstanding limitations and information to pass on

Record status * (choose one)

☐ Ready for review ☐ Further work needed ☐ Work or use stopped

Reviewed by

Review date

Author signature *

Signing records the information entered. It does not itself certify legal compliance, remove a limitation or authorise unsafe work.