

# RIGGER INSPECTION

(Includes: wire rope, synthetic nylon, chains, shackles, and hooks)

Project Name:		Project Number:	
Company Name:		Calendar Year:	
Qualified Rigger / Lift Director Name:			

## Requirements:

1. The Qualified Rigger must perform a pre-use rigging inspection (per shift) for rigging items listed below.
2. Any equipment found to be unsatisfactory must be removed from service immediately and noted.
3. Rigger must notify the Lift Director and their Supervisor of any equipment that does not pass the inspection.
4. Rigger must submit a copy of the completed checklists to the Superintendent by the end of the week.

**Y = Yes      N = No      N/A = Not Applicable**

		Month/Day	_____	_____	_____	_____	_____	_____
	Equipment Description and/or ID #	MON	TUES	WED	THURS	FRI	SAT	SUN
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
Notes:								