



Notice of Crane Safety Deficiencies

Equipment Operator/User: _____ Owner: _____
 Address: _____ Address: _____
 Phone: _____ Phone: _____

Description and location of equipment inspected:

Manufacturer: _____ Model #: _____ Serial #: _____

Owner I.D.: _____ Rated Capacity: _____

The following deficiencies were found to exist during the inspection, testing and/or examination of the above referenced equipment on _____

	Description of Condition to be Corrected	Title 8	Verification of Correction Signature and Date
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			

(See attached sheet for additional items or descriptions, if any.)

A certificate to operate the above referenced equipment will not be issued until the items noted herein are corrected and verified as such by the undersigned.

A copy of this Notice, as well as any subsequent verification of corrections, shall be sent, as required, to the Division of Occupational Safety and Health. Labor Code 7375 and Section 344.6 et. Seq. And 4884, et. Seq. Of Title 8 of the California Code of Regulations prohibit the operation of any crane or derrick subject to the certification requirements thereof to be operated without a valid certification issued by a Division-licensed certifier or approved surveyor.

Licensed Certifier, Name: Preferred Aerial & Crane Technology, Inc. License #: C-337
 Address: 1121 E. Marshall Pl., Long Beach, CA 90807 Phone: (562) 988-1654
 Approved Surveyor, Name: _____ Title: Field Surveyor
 Date: _____ Customer Signature: _____



**STATE OF CALIFORNIA
DEPARTMENT OF INDUSTRIAL RELATIONS
DIVISION OF OCCUPATIONAL SAFETY AND HEALTH (DOSH)
CERTIFICATE OF UNIT TEST AND/OR EXAMINATION OF
CRANES AND DERRICKS USED FOR LIFTING SERVICE**

1. Owner: _____
2. Owner's Address: _____
3. Device (check): Crane Derrick Other
 Location: Remains at worksite Changes worksite On barge
4. Description: _____ Rated Capacity: _____
5. Manufacturer: _____ Model No.: _____ Serial No.: _____
6. Owner's Identification (if any): _____ License Plate No.: _____
7. Service status at time of survey: _____ Other (describe): _____
8. Boom, at time of survey: Length: _____ Jib: _____ Type: _____
9. Test loads applied including functional (partial) test load: _____

Radius	Proof Load	Rated Load	Outriggers	Boom Direction (over/Rear/Side)
			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Description of Proof Load: _____

10. Basis for assigned load ratings: _____
11. The examination shall cover the points listed on the back of this sheet as applicable.
12. Remarks and/or limitations imposed: _____

I certify that on _____ Day of _____, 2009, the above described device was tested and examined by the Undersigned; that said test and examination met with the requirements of the Division of Industrial Safety and Health (DOSH); that any deficiencies affecting the safe operation of the crane have been corrected prior to the issuance of this certificate. A copy of such certificate(s) attesting to Annual and Quadrennial certification shall be maintained in the crane or at the work site at all times.

Certifying Agency: **Preferred Aerial & Crane Technology, Inc.**

This certificate is: Annual Quadrennial Proof Load Quad attached: Yes No
 Next Annual Due: _____ Last Quadrennial Done: _____ By: CA-337

Signature: _____ DOSH License No.: CA-337
 Print Name: _____ Expires: October 31, 2009
 Title: Field Specialist Category: 1
 P.A.C.T.. #: _____ Issue Date: _____
 Mailed to DOSH: _____