

## Wieland-Davco Corporation WEEKLY INSPECTION FOR RIGGING EQUIPMENT

Week of \_\_\_\_\_ 20\_\_\_\_ thru \_\_\_\_\_ 20\_\_\_\_\_

Shift: \_\_\_\_\_ Craft \_\_\_\_\_

In accordance with OSHA, 29 CFR 1910.184, completion of this form will verify that all rigging equipment, tools, materials, or accessories used for the purpose of hoisting, lifting, or handling materials or machinery by employees assigned to my supervision on this shift are inspected prior to the use of such equipment and during use, as necessary, to ensure that it is safe. Any defective item(s) found are to be removed from service. Inspection performed during the week shown above, on the individual days as indicated below.

ITEMS	MON	TUES	WED	THUR	FRI	SAT	SUN	COMMENTS
Web Slings								
Wire Rope Slings (Chokers)								
Spreader Bar								
2-Way Spreader								
4-Way Spreader								
Shackles								
Hooks								
Chain Falls								
Come-a-Longs								
Others								

Signed: \_\_\_\_\_  
Designated Responsible Supervisor

**Instructions:**

Each designated responsible supervisor is responsible for inspection of rigging equipment used by his/her crew. This form is to be completed and returned to the Safety Supervisor. Defective item(s) removed from service are to be noted under "Comments" in the appropriate category, showing the number of items removed. Each box shall be marked in the following manner:

4 = Inspection Completed  
6 = Not applicable or not in use