

Report of Weekly Examination

NOTE:

This form may be used to record the weekly examination of Lifting Equipment used on construction sites, as set out in the Safety, Health and Welfare at Work (General Application) Regulations, 2007. This form was produced by the HSA to facilitate the recording of the weekly examination as per these regulations. This is not an approved or statutory form. Reports of Weekly examination may be produced in other formats.

Name and address of contractor or owner for whom the weekly examination was made:

Address where weekly examination was made:

Description of lifting appliance and means of identification	Date of inspection	Result of inspection (state whether in good order, see note below)	Name of persons who made the inspection (use BLOCK CAPITALS)

Note: Result of inspection should state if all working gear and anchoring or fixing plant or gear is in good working order. Including, where required the automatic safe load indicator and the derricking interlock.

Component	Inspected		Good working order		Action Required
	Yes	No	Yes	No	
Rated capacity indicator / limiter	Yes	No	Yes	No	<input type="text"/>
Wire rope and chain systems	Yes	No	Yes	No	<input type="text"/>
Limit switches (e.g. hoist, derrick limit)	Yes	No	Yes	No	<input type="text"/>
Ropes positioned on their sheaves	Yes	No	Yes	No	<input type="text"/>
Structure (major damage)	Yes	No	Yes	No	<input type="text"/>
Hooks & other load lifting attachments	Yes	No	Yes	No	<input type="text"/>
Hydraulic systems	Yes	No	Yes	No	<input type="text"/>
Electrical systems	Yes	No	Yes	No	<input type="text"/>
Fuel lines	Yes	No	Yes	No	<input type="text"/>
Brakes and clutches	Yes	No	Yes	No	<input type="text"/>
Operator's cab	Yes	No	Yes	No	<input type="text"/>
Operator's controls	Yes	No	Yes	No	<input type="text"/>
Anemometer, where provided	Yes	No	Yes	No	<input type="text"/>
Other matters (manufacturer / user)	Yes	No	Yes	No	<input type="text"/>