

Monthly Hoist Check Sheet

<u>Item</u>	<u>OK</u>	<u>Defect</u>	<u>Comments</u>
Check Straps			
Check Chains			
Check Runners			
Check Hoist Number 1 Operation			
Check Hoist Number 2 Operation			
Check Hoist Number 3 Operation			
Check Hand Controller			

Name:

Signed:

Date:

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