



R&M Materials Handling, Inc.  
 4501 Gateway Boulevard  
 Springfield, Ohio 45502  
 P.: (937) 328-5100  
 FAX: (937) 325-5319

## Factory Testing and Inspection of Industrial Crane

Work number (crane factory):	
Customer:	Customer reference:
Crane layout drawing number / Crane Id:	Manufacturer's work number / reference:

### **Technical Data**

ENCLOSURES, OR NOTES AT BACKSIDE (marked items )

Crane Span (m)	Crane type (S, D, U)		<input type="checkbox"/>
Load / hoist I (T) (SWL)	Serial number/hoist I		<input type="checkbox"/>
Load / hoist II (T) (SWL)	Serial number/hoist II		<input type="checkbox"/>
Main-/control voltage[V]; Freq. (Hz)	Controls (pendant etc.)		<input type="checkbox"/>
Colour (RAL) / thickness (um)			<input type="checkbox"/>

### **Testing and Inspection results:**

Item	Explanation	Result	Explanation	Result	
1. Span	Left side (mm)		Right side (mm)		<input type="checkbox"/>
2. Trolley rail gauge (2-girder-type) Trolley B-measure (1-girder-type)	Left/right (mm)		Mid-girder (mm)		<input type="checkbox"/>
	Hoist				<input type="checkbox"/>
3. Crane structure measure	Rail -- top point (mm)		Rail -- low point (mm)		<input type="checkbox"/>
4. Operation of control devices	Pendant		Radio		<input type="checkbox"/>
5. Movement directions / symbols	Pendant		Radio		<input type="checkbox"/>
6. Trolley limit switch	Left		Right		<input type="checkbox"/>
7. Bridge limit switch	Forward		Backward		<input type="checkbox"/>
8. Hook approach measures	Left (mm)		Right (mm)		<input type="checkbox"/>
9. Operation of hoisting machinery and running sound	Hoist I		Hoist II		<input type="checkbox"/>
10. Operation of traversing machinery and running sound	Hoist I		Hoist II		<input type="checkbox"/>
11. Operation of travelling machinery and running sound	Forward		Backward		<input type="checkbox"/>
12. Crane ligths	Operation				<input type="checkbox"/>
13. Horn / flashlight	Operation				<input type="checkbox"/>
14. Anti-collision limit switch	Forward		Backward		<input type="checkbox"/>
15. Girder -- end truck connections			Torque (Nm)		<input type="checkbox"/>
16. Welds	Appearance				<input type="checkbox"/>
17. Surface treatment	Dry film thickness (um)		Appearance		<input type="checkbox"/>
18. Signs and stickers	Placing				<input type="checkbox"/>
19. Documents					<input type="checkbox"/>
20. Other					<input type="checkbox"/>
21. Other					<input type="checkbox"/>

**Crane has been inspected and tested as listed above. Testing was done without load.**

**Date and place:**

**Name / Signature:**

**Crane Factory:**



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## At Site Inspection of Industrial Crane

Customer:	Delivery address:																																													
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Remarks:																																														
Strike out items, which are not applicable to delivery. In case of any deficiencies in the delivery, return copy of this form with comments to crane factory.																																														
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