CERTIFICATION OF LOAD TEST AND CONDITION INSPECTION

ACTIVITY:

BUILDING/LOCATION:

CRANE NO.	**TYPE**	**OEM's RATED CAPACITY**	**CERTIFIED CAPACITY** (If different from OEM's rated capacity, explain in "Remarks.")
		Main _____ lbs. _____	Main _____ lbs. _____ feet
		Aux _____ lbs. _____ feet	Aux _____ lbs. _____ feet
		Whip _____ lbs. _____ feet	Whip _____ **lbs.** _____ feet

☐ Annual Certification ☐ Biennial Load Test

☐ Interim Recertification (Reason _____)

Appendix "E" Applicable Crane Test Procedures Paragraphs (include Applicable subparagraphs.)

_____ _____ _____ _____ _____ _____ _____ _____

_____ _____ _____ _____ _____ _____ _____ _____

_____ _____ _____ _____ _____ _____ _____ _____

_____ _____ _____ _____ _____ _____ _____ _____

_____ _____ _____ _____ _____ _____ _____ _____

_____ _____ _____ _____ _____ _____ _____ _____

_____ _____ _____ _____ _____ _____ _____ _____

_____ _____ _____ _____ _____ _____ _____ _____

_____ _____ _____ _____ _____ _____ _____ _____

_____ _____ _____ _____ _____ _____ _____ _____

CATEGORY 1 CRANES *

Boom Length	Load Test %	Minimum Radius		Maximum Radius	
Hoist		Pounds	Feet	Pounds	Feet
Main					
Aux					
Whip					
Other					

Hook Tran Measurements	Base	Before Test	After Test

CATEGORY 2 CRANES

Hoist	Load Test %	Pounds	Hook Tran Measurements		
			Base Meas.	Before Test	After Test
Main					
Aux					
Other					

CATEGORY 3 CRANES

Hoist	Load Test %	Pounds	Hook Tran Measurements		
			Base Meas.	Before Test	After Test
Main					
Aux					
Other					

Annual Certifications Since Hook NDT

CERTIFICATION

This is to certify that inspections and tests have been conducted in accordance with the procedures set forth in the current NAVFAC P-307. It is further certified that the crane identified above is satisfactory to lift its certified capacity.

TEST DIRECTOR (Signature)	**DATE**
INSPECTOR (Signature)	**DATE**
INSPECTOR (Signature)	**DATE**
CERTIFYING OFFICIAL (Signature)	**DATE**

EXPIRATION DATE

REMARKS:

*** For mobile cranes, list all test loads and configurations (e.g., over side/over rear boom extended/retracted, lifts on tires, traveling, etc.). If necessary, use figure 3-2.**