



Prepared for:

## **Sautter Crane Rental**

2900 Black Lake Place Philadelphia, PA 19154

Sautter Yard

on

6/1/2026

Please return the entire report.

**Customer Sign Off**

**-If there are no deficiencies nothing needs to be done**

**-If there are any (HIGH, RED) deficiencies please follow the instructions below**

The deficiencies marked HIGH in RED shall be corrected and this report must be dated, signed and email THIS ENTIRE REPORT to [tony.rossi@tandemlift.com](mailto:tony.rossi@tandemlift.com) or [jon.santimaw@tandemlift.com](mailto:jon.santimaw@tandemlift.com). After the signed document is received, a certification and label will be issued. The deficiencies denoted with (REC, MEDIUM, ORANGE) are recommended and are not required to be corrected to achieve certification. However those items should be corrected to improve equipment reliability and performance.

-The undersigned verifies that the deficiencies denoted with (DEF, HIGH, RED) have been corrected.

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Signature

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Date

# Table of Contents

● High ● Med ● Low Section

Man basket - *Sautter Yard*

Personnel Lifting Platform: *HMB8*

0

0




0

**1.0**




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# Overview




## Breakdown by Form

Form Type	 High	 Med	 Low	# Forms
Man basket	0	0	0	1
<b>Overall:</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>

## Breakdown by Location

Location	 High	 Med	 Low	# Forms
Sautter Yard	0	0	0	1
<b>Overall:</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>

## Breakdown by Asset

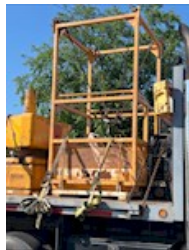
Asset Type	 High	 Med	 Low	# Assets
Personnel Lifting Platform	0	0	0	1
<b>Overall:</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>

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**Man basket**  
**Sautter Crane Rental**  
2900 Black Lake Place  
Philadelphia, PA 19154

FolderID: 060126HMB8  
FormID: 29347402



**Personnel Lifting Platform**

**Location:** Sautter Yard  
2900 Black Lake Place  
Philadelphia, PA 19154

**Identifier:** HMB8

**Description:** Man Basket

*Additional Notes: Ser No - J6800*

Priorities Found: ● 19 - Good

This inspection was performed for	
● 1. Customer	<b>Sautter</b>
Manufacturer	
● 2. Manufacturer of device	<b>Lakeshore Industries</b>
Model	
● 3. Manufacturers Model number	<b>M44</b>
Capacity	
● 4. Maximum Rated Capacity of device	<b>1,000 lbs</b>
Tare Weight	
● 5. Weight of device	<b>550 lbs</b>
General	
● 6. Checked for structural deformation, cracks, or excessive wear of any part of the device.	<b>(SAT) Satisfactory</b>
Contact points	
● 7. Are all edges exposed to employee contact smooth enough to prevent injury?	<b>(Y) Yes</b>
Grab Rail	
● 8. Grab rail around entire inside perimeter with the exception of gate?	<b>(SAT) Satisfactory</b>
Gate/Door	
● 9. Does the gate swing inward and have a locking/latching device that can not be accidentally opened?	<b>(SAT) Satisfactory</b>
Markings	
● 11. Weight and rated capacity clearly and permanently posted on platform? <i>Hand signal chart worn</i>	<b>(Y) Yes</b> P11
Rope Bridle	

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● 12. Each bridle leg is connected to a master link or shackle that ensures that the load is evenly divided among the individual legs? (Y) Yes

**Rigging**

● 13. The rigging used on the platform is only used for lifting the platform and is capable of supporting 5 times the maximum intended load (if rotation resistant-MUST be capable of supporting 10 times the intended load) (SAT) Satisfactory

**Wire Rope Slings**

● 14. Eyes in wire rope slings are fabricated with thimbles? (Y) Yes

**Corrosion**

● 15. The platform should show no signs of structural corrosion that may weaken the structural capacity or integrity. (SAT) Satisfactory

**Connection Points**


● 16. Rigging connection points on platform are not bent, worn, cracked or corroded. (SAT) Satisfactory

**Proof Load Capability**

● 17. Platform has safe means of proof test for pre personnel lifting. (SAT) Satisfactory P17

**Inspector**

● 18. Name Anthony Capozzi



**Date Of Inspection**

● 19. Inspection performed on 06/01/2026

**Certification Issued**

● 20. Was a certification issued? (Y) Yes

**Deficiency Rectification Process**

21. -IF THERE ARE NO DEFICIENCIES NOTHING NEEDS TO BE DONE -IF THERE ARE ANY (HIGH, RED) DEFICIENCIES PLEASE FOLLOW THE INSTRUCTIONS BELOW

The deficiencies marked HIGH in RED shall be corrected and this report must be dated, signed and email this entire report to tony.rossi@tandemlift.com or jon.santimaw@tandemlift.com. After the signed document is received, a certificate and label will be issued.

**Customer Deficiency Sign Off**

22. -ONLY complete this signature field after all deficiencies were corrected.

Please print, sign and date this section with all personnel that made corrections to the defective unit. Additionally, please have each respective person initial the individual deficiency/deficiencies.

PRINT: \_\_\_\_\_ SIGN: \_\_\_\_\_

DATE \_\_\_\_\_

**Tandem Lift LLC**

23. Disclaimer

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**P10.1**



**P11.2**



**P17.3**