



TIDEWATER TESTING SERVICES

375 POPLAR LAWN ROAD • SURRY, VA 23883

HYDRAULIC MOBILE CRANE SURVEY

1. OWNER: SAUTER CRANE + RENTAL ADDRESS: 2900 BLACK LAKE PLACE

CITY: PHILADELPHIA STATE: PA ZIP: 19154

2. EQUIPMENT IDENTIFICATION:
A. OWNER NO: _____ B. MANUFACTURER LIEBHERR C. SERIAL NO./MODEL NO. 047638
LTR/220

3. DESCRIPTION:
CRANE TYPE: TRUCK MOUNTED CRAWLER OTHER CRAWLER RATED CAPACITY: 220TON

POWERED BY: DIESEL
SERVICE STATUS AT TIME OF SURVEY: LIFTING 1 FALL

BOOM LENGTH AT TIME OF SURVEY: MAIN BOOM 196' JIB NA

WIRE ROPE SURVEY:
1) MAIN HOIST: NO. PARTS 6 WIRE SIZE 23mm CONSTRUCTION 3TX7 IWLC

2) AUX. HOIST: NO. PARTS _____ WIRE SIZE _____ CONSTRUCTION _____
3) (OTHER) _____

4. INDICATE WHETHER OR NOT APPROPRIATELY EQUIPPED WITH FOLLOWING REQUIREMENTS:
- | | | | |
|--|---|---|---|
| 1) DURABLE RATING CHART VISIBLE TO OPERATOR? | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | 7) ADDITIONAL HOIST WIRE LIMIT CONTROL | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| 2) BOOM ANGLE INDICATOR | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | 8) WHIP HOIST WIRE LIMIT CONTROL | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| 3) RADIUS INDICATOR | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | 9) TRAVEL ALARM | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
| 4) OPERATOR CONTROLS MARKED | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | 10) OUTRIGGER LOCKS | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| 5) LOAD INDICATOR | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | 11) OTHER SAFETY DEVICES | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
| 6) MAIN HOIST WIRE LIMIT CONTROL | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | 12) ALL ITEMS REQUIRED BY CODE HAVE BEEN EXAMINED | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |

5. TEST LOAD APPLIED: DEAD LOAD DYNAMOMETER

RADIUS / BOOM LENGTH / ANGLE	PROOF LOADS	RATED LOADS
_____	_____	_____
_____	_____	_____

6. REMARKS AND/OR LIMITATIONS IMPOSED:

I certify that on the 08th day of JANUARY, 2021, the above described device was tested examined by the Undersigned; that said test/examination ~~and~~ did not meet in all respects with the related U.S Department of Labor OSHA standards of CFR Title 29 Parts 1910, 1919 and 1926, or the America Society of Mechanical Engineers B30 series safety codes in effect at date of inspection survey, that said deficiencies considered to constitute an unsatisfactory condition have been corrected.

USDOL FORM OSHA 71 WILL BE ISSUED YES N/A
USDOL FORM OSHA 72 WILL BE ISSUED YES N/A

SURVEYOR'S SIGNATURE [Signature] DATE 01-08-2021

By signing this certificate, neither the Inspector nor Tidewater Testing Services makes any warranty, expressed or implied, concerning the part(s) described in this data report. Furthermore, neither the Inspector nor Tidewater Testing Services shall be liable in any manner for any personal injury or property damage of any kind arising from or connected with this inspection. Further, this certificate is issued subject to the conditions that it is understood and agreed that neither Tidewater Testing Services nor any of its employees is, under any circumstances whatever, to be held responsible for any inaccuracy of any report or certificate issued by Tidewater Testing Services of its inspectors or for any error of judgment, default or negligence of personnel.