



ATLANTIC CRANE INSPECTION SERVICES

Certificate of Unit Test and/or Examination On
Crane, Derrick or Other Material Handling Device

Certificate Number:

Unit Number:

Company Name:

Address:

Location: A) Remains at Worksite B) Changes Worksite C) On Barge

(If A or C describe)

Manufacturer:

Model #:

Serial #:

Type of Crane:

Maximum Rated Capacity:

Service Status at Time of Survey: Lifting:

Other:

Boom Description at Time of Survey: Length:

Type:

Load Test Information

Radius	Proof Load	Rated Load

Description of Proof Load:

Basis for Assigned Load Ratings:

Remarks or Limitations:

I certify that on _____ the above device was _____ by the undersigned authorized representative who, in their opinion, said the unit ___ (did) ___ (did not) meet the requirements of

Authorized Representative
Today's Date:

William Hottenstein
Signatory Authority