

U.S. CRANE, INC.

CRANES, HOISTS: PARTS & SERVICE
(800) 466-8224 (513) 530-5252

DATE

8/29/2024

WORK ORDER #: 34204

-40627

CUSTOMER: CMI MANAGEMENT, INC. (U.S. ARMY
410 MILLER AVE
NEW CASTLE PA 16101

JOB CMI MANAGEMENT, INC. (U.S. ARMY RESERVE)
LOCATION: 410 MILLER AVE (PA063)
NEW CASTLE PA 16101

CUSTOMER ORDER #: 4A-98855

CONTACT: REGINALD COOK
PHONE #: 703-738-5307

DATE REQUIRED: SEPTEMBER 2024

INITIAL DESCRIPTION OF PROBLEM OR REPAIRS TO BE DONE:

ANNUAL OSHA MAINTENANCE INSPECTION OF (1) OVERHEAD CRANE AND HOIST

U.S. ARMY RESERVE - NEW CASTLE
REGION 4A - PA063

MONORAIL W/ HOIST & TROLLEY
YALE 5 TON

MUST FILL OUT COW AND TAKE PICTURES OF ANYTHING FOUND

ABOVE COMPLETED: YES NO ALL PARTS USED: YES NO

DESCRIPTION OF ADDITIONAL WORK DONE AND PARTS USED:

IF ADDITIONAL WORK IS NOT RELATED TO ABOVE, A NEW WORK ORDER IS REQUIRED.

SERVICE AND PARTS STILL NEEDED:

CUSTOMER ACTION PRIORITY: HIGH MED LOW

INSPECTION LIST ON SERIAL #: 41314230A

<input type="checkbox"/> WIRE ROPE OR CHAIN CONDITION	<input type="checkbox"/> SLINGS	<input type="checkbox"/> P.B. STATION/CORD
<input type="checkbox"/> CHAIN OR CABLE CONNECTIONS	<input type="checkbox"/> PROPER OPERATION	<input type="checkbox"/> DISCONNECT SWITCH
<input type="checkbox"/> ROPE REEVING	<input type="checkbox"/> ALL FUNCTIONS	<input type="checkbox"/> FESTOON SYSTEM
<input type="checkbox"/> HOIST HOOKS & LATCH	<input type="checkbox"/> WARNING DEVICES	REMOVE FROM SERVICE:
<input type="checkbox"/> LIMIT SWITCHES	<input type="checkbox"/> OVERALL CONDITION	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<input type="checkbox"/> BRAKES	<input type="checkbox"/> CONTROLS	

COMPLETE FUNCTIONAL TESTING OF ALL APPLICABLE ITEMS

SO # S-12392

TECHNICIAN SIGNATURE: Bob L. Lewis

CUSTOMER SIGNATURE: Bob L. Lewis

TODAY'S DATE: 9/25/24

CERTIFICATION OF WORK
(To be completed by the Contractor and saved in the Contractor's CMMS)

FACID/Building: Garage Date of Visit: 9/25/24

Contractor Personnel on Site:

1. Brian Snyder 2. Cory Snyder

Work Performed:

Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. Annual Crane Inspection

Service Calls – Service Call Number and Description

1. CSS# 4A - 98855 Inspection Job # 34204
2. CSS# _____
3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Brian Snyder Date: 9/25/24
Signed: Brian Snyder

To be signed by Facility Manager:

By signing the Certification of Work, I certify that the above-named individuals representing the Contractor arrived on site and to the best of my knowledge, completed the stated work listed.
This is NOT a Certification that the Work was performed correctly – The COW simply verifies that that someone representing the Contractor was onsite and accomplished something

Print Name/Rank: Ron Heuser Date: 25 SEP 24

Signed: _____

E-Mail: _____