

# 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

CONTACT: REGINALD COOK

CUSTOMER ORDER #: 4A-98855

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 #: W314230A

- ☐ WIRE ROPE OR CHAIN CONDITION
- ☐ CHAIN OR CABLE CONNECTIONS
- ☐ ROPE REEVING
- ☐ HOIST HOOKS & LATCH
- ☐ LIMIT SWITCHES
- ☐ BRAKES

- ☐ SLINGS
- ☐ PROPER OPERATION
- ☐ ALL FUNCTIONS
- ☐ WARNING DEVICES
- ☐ OVERALL CONDITION
- ☐ CONTROLS

- ☐ P.B. STATION/CORD
- ☐ DISCONNECT SWITCH
- ☐ FESTOON SYSTEM

REMOVE FROM SERVICE:

☐ YES ☒ NO

COMPLETE FUNCTIONAL TESTING OF ALL APPLICABLE ITEMS

TECHNICIAN SIGNATURE: [Signature]

SO # S-12392

CUSTOMER SIGNATURE: [Signature]

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 bb #34204
2. CSS# \_\_\_\_\_
3. CSS# \_\_\_\_\_

CERTIFICATION OF WORK

To be signed by the Contractor:

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

Signed: 

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 Hannon Date: 25 SEP 24

Signed: \_\_\_\_\_

E-Mail: \_\_\_\_\_