

Certifier's Reference # 8773-19

Site: (person's name) JOEL



**PARISH**  
CRANE & RIGGING CONSULTANTS

PAUL PARISH LIMITED  
4806 S. REED STREET  
KENNEWICK, WA 99337

## Mobile Cranes/Derricks Worksheet for Construction

Email: paul@paulparish.com Phone: (509)531-0236

Name of Owner (Not Lessee)		Permanent Sticker ID # NA	Inspection Exp. Date 04/12/2020	Proof Load Test Exp. Date
Mailing Address	City	State OR	Zip+4 97708	Phone Number

Owner's Email Address: JoelM@baxterbuilders.net

Is this Crane Leased or Rented  Yes  No If Yes, Write Lessee's Name and Address below:  Send Certification to this address

Description: <input type="checkbox"/> Lattice Boom <input checked="" type="checkbox"/> Hydraulic Boom <input type="checkbox"/> Articulating Boom <input type="checkbox"/> Derrick <input type="checkbox"/> Other				Owner's ID # 11
Manufacturer GROVE	Max Rated Capacity in Lbs 260,000	Model Number TM1300SLS	Serial Number 50768	Hr Mtr. Reading 1896.4
Boom Length at Time of Inspection: 108	Jib Length at time of Inspection: 32' STOWED	If Derrick, state type, Breast, Stiff-leg, A-Frame, etc. NA		

Wire Rope	No. Parts	Diameter	No. Strands	Wires per Strand	Rotation Res. (Yes/No)	Breaking Strength
Main Hoist	1	3/4	18	19	Y	14,605
Whip						
Boom						
Boom Pendants						

*The following items must be inspected where applicable: (if not applicable, so indicate)*

	Accept	N/A		Accept	N/A
a) Chassis, Tires, Steering	X		p) Ladders, Hand Holds	X	
b) Fluid Leaks & Fluid Levels	X		q) Brakes, Hoist, Boom, Turret, etc.	X	
c) Guards, Rails, Windows	X		r) Load Charts and Operator's Manual	X	
d) Outriggers, Stabilizers, Pads	X		s) Housekeeping / Maint. & Insp. Records	X	
e) Rotation Bearing / Swing Lock	X		t) Boom including Wear Pads if applicable	X	
f) Hook Rollers and Load Rollers		X	u) Boom Extensions, Jib	X	
g) Counterweights per Manufacturer	X		v) Structural Welds	X	
h) Data Plates / Warning Signs, Decals	X		w) Boom and Hoist Sheaves	X	
i) Controls / Functions / Labeled	X		x) Pennant Bars / Cables and Links		X
j) Lights / Signals / Horn	X		y) Operational Aids / Safety Devices	X	
k) Gauges working	X		z) Anti-Two-Block Device	X	
l) Backup Alarm	X		aa) Limit Switches	X	
m) Fire Extinguisher (10BC min.)	X		bb) Hook(s)	X	
n) Electrical Equipment	X		cc) Wire Rope Becketts, Pins	X	
o) Hydraulic Systems	X		dd) Hoist Drum	X	

**FREELY SUSPENDED PROOF LOAD TEST REQUIRED:** Proof load test for cranes must be based on manufacturer's load ratings and must be at least 100% but not exceeding 110% of the rated capacity. Derricks must be proof load tested in excess of safe working load: for capacities up to 20 tons = proof load 25% in excess; 20 tons to 50 tons = Proof-load 5 tons in excess; over 50 tons = 10% in excess.

Main or Whip	Boom Length (Feet)	Radius (Feet)	Boom Angle (Degrees)	Rated Capacity (Lbs)	Total Deductions (Lbs)	Net Rated Capacity (Lbs)	Test Load (Lbs)	Load Test (%)	Crane Configuration & Test Range
NA									

Was This Crane Tested on Rubber? Yes  (List parameters below) No

Means of Application of Proof Load Test see WAC 296-155-53200(7)(f)  Certified Test Weights  Weights Using Currently Calibrated Scale  
(\*Known weights is not acceptable)

Remarks: Additional sheets attached? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> SEE DEF. SHEET	Crane Operator's Name (please print) VIRGIL DULLEY
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I hereby certify the above tests and/or examinations have been conducted in accordance with the Washington State Safety Standards for Construction Operations, WAC 296-155, ASME B30 Standards and 29 CFR Standards US Department of Labor OSHA.

Date 04/12/19	Accredited Certifier's Name (please print) VICTOR PARISH	Accredited Certifier's ID # 100102
Certifier's Phone # 509-378-9650	Address 4806 S. REED STREET, KENNEWICK, WA 99337	Signature of Accredited Certifier 

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PAUL PARISH LIMITED  
 4806 S. REED STREET  
 KENNEWICK, WA 99337  
 Email: Paul@PaulParish.com

Bus: (509) 531-0236

**NOTICE OF DEFICIENCIES**  
**(Crane/Hoist Examination)**



Name of Owner:		Owner's Address: OR		Permanent Sticker ID #: NA	
Manufacturer: GROVE		Phone Number:		Email: JoelM@baxterbuilders.net	
Name of Lessee: NA		Lessee Address NA			
Crane/Hoist Type:	Owner's ID #:	Model #:	Serial #:	Crane/Hoist Location:	
GROVE	11	TMS1300	50768	BEND, OR	

The undersigned, being authorized to do so, hereby tenders notification of the following deficiencies, found during test and/or examination of the described equipment in accordance with the requirements of ASME B30 and OSHA (Standards - CFR 29) 1910 General Industry, 1918 Longshore, 1926 Construction, applicable codes to constitute in the opinion of the undersigned a currently unsatisfactory condition:

This Material Handling Device was Inspected per:  ASME  OSHA  OTHER

1. HOUSE PEDAL BRAKE VERY WEAK.
2. MISC. OIL LEAKS IN UPPER AND LOWER (CARRIER AND HOUSE).
3. BROKEN HOUSING ON TWO BLOCK SWITCH FOR MAIN BOOM.
4. RIGHT BOOM HOIST CYLINDER LEAKS.
5. LOAD BLOCK USABLE BUT NEEDS REPAIRED: SHEAVE BEARINGS WORN ALLOWS SIDE TO SIDE MOVEMENT OF SHEAVES. SHEAVE FLANGES BENT IN SEVERAL PLACES.

Date: 04/12/19	Inspectors Name: VIC PARISH	Accredited Certifier's ID # 102101
Inspector's Phone #: 509-378-9650	Address: 4806 S. REED STREET, KENNEWICK, WA 99337	Signature of Inspector: 