



MAGNUM CONSTRUCTION SERVICES INC.

EQUIPMENT INSPECTION LOGS (Cranes, Scaffolds, Fall-Protection)

Document Code: MCS-QHSE-17E | **Revision:** 1.0 | **Effective Date:** October 31, 2025

1. PURPOSE

To establish a consistent inspection and documentation process ensuring that all lifting, access, and fall-protection equipment used by **Magnum Construction Services Inc.** is maintained in safe, compliant condition.

This log provides proof that inspections are performed by competent persons, hazards are corrected, and unsafe equipment is removed from service immediately.

2. SCOPE

Applies to all Magnum construction and maintenance projects where **cranes, scaffolds, aerial lifts, rigging, ladders, or fall-arrest systems** are used.

Covers:

- Mobile & tower cranes
 - Scaffolds (supported, suspended, mobile)
 - Personal fall-arrest equipment (harnesses, lanyards, anchors)
 - Rigging and hoisting accessories
 - Aerial work platforms (boom lifts, scissor lifts)
-

3. REFERENCES

- **OSHA 29 CFR 1926.1412** – Crane Inspection
- **OSHA 29 CFR 1926.451** – Scaffolds
- **OSHA 29 CFR 1926.502(d)** – Fall-Protection Systems
- **ANSI A92, ASME B30, ANSI Z359** – Lifting & Fall-Protection Standards
- Magnum Field Safety Program (MCS-QHSE-02)
- Crane, Rigging & Lifting Plan (MCS-QHSE-14)

4. RESPONSIBILITIES

Role	Responsibilities
Equipment Operator / User	Performs daily pre-use visual checks, completes section A of the inspection log, and tags defective gear.
Competent Person / Supervisor	Conducts weekly formal inspections, documents results, and authorizes continued use.
Safety Officer / EHS Manager	Reviews logs weekly, ensures non-conformances are entered into the CAR (MCS-QHSE-17C).
Corporate EHS Director	Audits inspection compliance quarterly and trends data in the EHS Dashboard.

5. INSPECTION LOG FORM

SECTION A – CRANE INSPECTION (LOG ID _____)

Item	Check Point	Condition (Y/N)	Comments / Corrective Action
1	Operator daily walk-around complete		
2	Wire ropes / slings free from damage		
3	Hooks / latches intact & functional		
4	Load chart visible & legible		
5	Safety devices (limit switches, boom angle indicator) working		
6	Fire extinguisher present & tagged		
7	Outriggers / mats deployed properly		
8	Fluid levels / leaks checked		



Item	Check Point	Condition (Y/N)	Comments / Corrective Action
------	-------------	--------------------	---------------------------------

9	Operator certification current		
---	--------------------------------	--	--

10	Lift plan reviewed / signed		
----	-----------------------------	--	--

Inspector Name: _____ Signature: _____
Date: _____

SECTION B – SCAFFOLD INSPECTION (LOG ID _____)

Item	Check Point	Condition (Y/N)	Comments / Corrective Action
------	-------------	--------------------	---------------------------------

1	Scaffold built per design & engineering drawing		
---	---	--	--

2	Base plates / mud sills stable		
---	--------------------------------	--	--

3	Planking secured, no defects		
---	------------------------------	--	--

4	Guardrails / toeboards installed		
---	----------------------------------	--	--

5	Access ladder or stair tower secure		
---	-------------------------------------	--	--

6	Tags displayed ("SAFE FOR USE")		
---	---------------------------------	--	--

7	Overhead protection provided where required		
---	---	--	--

8	Weather / wind conditions safe for work		
---	---	--	--

9	Debris / materials not overloaded		
---	-----------------------------------	--	--

Competent Person Name: _____ Signature: _____
Date: _____



SECTION C – FALL-PROTECTION EQUIPMENT (LOG ID _____)

Item	Check Point	Condition (Y/N)	Comments / Corrective Action
1	Harness webbing / stitching intact		
2	D-rings free from corrosion / cracks		
3	Lanyards / lifelines undamaged		
4	Shock absorbers un-deployed		
5	Anchorage point certified & rated		
6	Self-retracting lifelines retracted smoothly		
7	Label legible & serial # recorded		
8	Equipment stored clean & dry		

Inspector Name: _____ **Signature:** _____
Date: _____

6. DEFECTIVE EQUIPMENT PROCEDURE

1. Tag item **“OUT OF SERVICE”** immediately.
 2. Record details in the **CAR (MCS-QHSE-17C)** and notify the supervisor.
 3. Do not return to service until inspected / re-certified by a qualified person.
 4. Retain defect logs for five (5) years minimum.
-



7. RECORD CONTROL

- Logs retained in **site HSE binder** and scanned weekly to the **corporate EHS database**.
- **Retention:** 5 years (per MCS-ADM-04).
- Non-compliance triggers automatic CAR and may affect contractor performance rating.

8. PERFORMANCE METRICS

Monthly summary sent to **Corporate EHS Director**:

- % Equipment Inspected on Schedule
- % Equipment Removed from Service
- % CARs Closed on Time
- Top 3 Defect Types (Cranes / Scaffolds / Fall-Protection)

9. APPROVAL SIGNATURES

Approved By	Title	Signature	Date
Michael Gaya	Executive Director / CEO	_____	_____
Anthony Magadino	President / Managing Partner	_____	_____
Corporate EHS Director		_____	_____