

HOISTING MACHINERY RECORD BOOK

MINE _____ SHAFT _____ COMPARTMENTS _____

Daily Examination of Hoisting-ropes and Conveyance Attachments

MONTH _____ YEAR _____

I certify that I have made the following daily examinations of the hoisting-ropes and conveyance attachments as required by Part 7 of the Health, Safety and Reclamation Code for Mines in British Columbia

Note: Check each rope daily by entering "OK" or "See Note," as appropriate.

Day	Signature of Examiner	Initials of Person in Charge	Ropes Examined and Results								
			Rope # _____	Rope # _____	Rope # _____	Rope # _____	Rope # _____	Rope # _____	Rope # _____	Rope # _____	
			Cpt. _____	Cpt. _____	Cpt. _____	Cpt. _____	Cpt. _____	Cpt. _____	Cpt. _____	Cpt. _____	
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Give full details below of any abnormal condition reported above and record whatever steps were taken to correct the situation. Give dates and times and sign all entries.

I certify that I have read the above reports and that, to the best of my knowledge, all the examinations recorded have been made and the corrective measures taken as indicated.

(Signed) _____, Person in Charge Date _____