

# HOISTING MACHINERY RECORD BOOK

MINE \_\_\_\_\_ SHAFT \_\_\_\_\_ COMPARTMENTS \_\_\_\_\_

## Monthly Examination of Hoisting-ropes and Safety Catches (Part 1)

MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

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

REPORT OF VISUAL EXAMINATION	Rope No:	Rope No:	Rope No:	Rope No:	Rope No:	Rope No:	Rope No:	Rope No:
Date examined								
Lubrication								
Amount of wear								
Number of broken wires and location								
Corrosion (if any), give location of worst sections								

(Signed) \_\_\_\_\_, *Person Making Examination* Date: \_\_\_\_\_

REPORT OF ROPE DRESSING	Rope No:	Rope No:	Rope No:	Rope No:	Rope No:	Rope No:	Rope No:	Rope No:
State of rope before treating								
Dates when dressing applied								
Method of application								
Were dead turns on drum treated?								

(Signed) \_\_\_\_\_, *Person Responsible for Treatment* Date: \_\_\_\_\_

RECORD OF ROPE STRETCH	Rope No:	Rope No:	Rope No:	Rope No:	Rope No:	Rope No:	Rope No:	Rope No:
Average monthly stretch								
Stretch this month								
Total Accumulated stretch (Enter on rope-stretch chart)								

(Signed) \_\_\_\_\_, *Person Taking Measurements* Date: \_\_\_\_\_

TEST OF SAFETY CATCHES	Compartment No. Conveyance No.	Compartment No. Conveyance No.
Date of test		
Load in conveyance (if any)		
Result of test (give length of teeth marks on guides)		

(Signed) \_\_\_\_\_, *Person Making Tests* Date: \_\_\_\_\_

Note here any special remarks concerning the ropes or safety catches.

I certify that I have read the above reports and that, to the best of my knowledge, all the examinations, measurements, and tests were made as recorded.

(Signed) \_\_\_\_\_, *Person in Charge* Date: \_\_\_\_\_