HOISTING MACHINERY RECORD BOOK

MINE _____ SHAFT _____ COMPARTMENTS _____

Monthly Examination of Hoisting-ropes (Part 2)

MONTH _____ YEAR _____

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

RECORD OF ROPE DIAMETERS (MINIMUM VALUES) AT SELECTED PLACES	Rope Examined and Results																			
	Rope No:		Rope No:		Rope No:		Rope No:		Rope No:		Rope No:		Rope No:		Rope No:		Rope No:		Rope No:	
	Dist.	Dia.	Dist.	Dia.	Dist.	Dia.	Dist.	Dia.	Dist.	Dia.	Dist.	Dia.	Dist.	Dia.	Dist.	Dia.	Dist.	Dia.	Dist.	Dia.
Dist. = This the distance in feet from the measuring point to the conveyance.																				
Dia. = This is the minimum diameter of the rope at the cross over point.																				

(Signed) _____ , *Person Taking Measurements* Date: _____

Note here any special remarks concerning the ropes.

I certify that I have read the above reports and noted the rope measurements recorded.

(Signed) _____ , *Person in Charge* Date _____