HOISTING MACHINERY RECORD BOOK

MINE _____ SHAFT _____ COMPARTMENTS _____

Weekly Examination of Hoisting-Equipment: Sheet 1 - Mechanical

MONTH _____ YEAR _____

I certify that I have made the following weekly examinations of the hoisting equipment 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.

	Date		Date		Date		Date		Date	
	Check	Examiner's Signature	Check	Examiner's Signature	Check	Examiner's Signature	Check	Examiner's Signature	Check	Examiner's Signature
HOIST										
Brakes, service										
Brakes, emergency										
Air or hydraulics systems										
Clutches										
Brake-clutch interlocks										
Depth indicators										
Gearing										
Shafts, bearings, and couplings										
Safety controllers										
Rope fasting at drum										
Winding of rope on drum										
Other external parts of hoist										
SHAFT EQUIPMENT										
Cages										
Skips										
Counterweights										
Safety catches										
Hoisting-rope attachments										
Sheave wheels and supports										
Idlers, shaft rollers, etc.										
Dumping equipment										
Loading equipment										
Shaft doors (spill doors, etc.)										
Chairing devices										
Blasting set (sinking operations)										
Friction Hoists Only										
Tail-rope attachments										
Retarding devices (wedge guides, etc.)										
Safety chairs (jack catches)										
Water level in sump (feet below loop)										
OPERATING TESTS *(See* note below)										
Overwind limits										
Underwind limits										
Overspeed protection										
Warning signals										
Man safety protection										

Note: Operating tests on the hoist should be the joint responsibilitiy of both mechanical and electrical departmetns.

Report below any matter affecting the safe operation of the hoist or hoisting equipment and indicate the steps taken to correct the situation. Sign and date all entries.

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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 _____