

HOISTING MACHINERY RECORD BOOK

MINE _____ SHAFT _____ COMPARTMENTS _____

Weekly Examination of Hoisting-Equipment: Sheet 1 - Electrical

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
HOISTING EQUIPMENT - GENERAL										
Hoist motors										
Control equipment										
Brake solenoids										
Brake-clutch interlocks										
Slack-brake switches										
Slack-rope detectors										
Overspeed switches										
Track-limit switches										
Backout devices										
Emergency switches										
Ammeter										
Auxiliary controls										
Warning device for spill doors, etc.										
Signalling										
Friction and Automatically Controlled Hoists										
Synchronization device										
Jammed-conveyance devices										
Tail-rope loop protection										
Push buttons - at Stations										
Push buttons - in cage										
Trailing - cable										
Shaft-gate interlocks										
Cage-door interlocks										
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 responsibility of both mechanical and electrical departments. 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.

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 (Electrical Equipment) Date _____

(Signed) _____, Person in Charge (Hoist Equipment) Date _____