

PLATE V
 STATE OF CALIFORNIA
 DEPARTMENT OF INDUSTRIAL RELATIONS
 DIVISION OF OCCUPATIONAL SAFETY AND HEALTH (DOSH)

CERTIFICATE OF UNIT TEST AND/OR EXAMINATION OF
 CRANES AND DERRICKS USED FOR LIFTING SERVICE

1. Owner: _____
2. Owner's Address: _____
3. Device (check): Crane _____ Derrick _____ Other _____
 Location: (a) Remains at worksite _____ (b) changes Worksite _____
 (c) On Barge _____
4. Description: _____ Rated Capacity: _____
5. Manufacturer: _____ Model No. _____ Serial No. _____
6. Owner's Identification (if any): _____
7. Service Status At Time of Survey: Lifting _____ Other (describe) _____
8. Boom At Time of Survey (if luffing type): Length: _____ Type: _____
9. Test Loads Applied (cross out if only examination conducted):

Radius	Proof Load	Rated Load	Outriggers (yes, no)	Boom Direction (over, rear, over side)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Description of Proof Load: _____

10. Basis for assigned load ratings: _____
11. The examination shall cover the points listed below as applicable.
12. Remarks and/or limitations imposed: _____

I certify that on the _____ day of _____, 19 _____, the above described device was tested
 _____, examined _____ by the undersigned; that said test and/or examination met
 with the requirements of the Division of Occupational Safety and Health Administration.

Name and Address of authorized certifying agent: _____

U.S. Department of Labor Current Accreditation No. _____

Expiration Date _____	Signature: _____
Engineer's Registration No. _____	Title: _____
California DOSH Approval No. _____	Date: _____
(whichever applicable)	