#### MIDWEST CERTIFIED BOOM REPAIR INC

Invoice

841 STATE ROUTE 29 CELINA OH 45822 419/942-2200 419/942-1963 FAX

9/25/2006 2387

BILL TO:

SOFCO ERECTORS 10360 WAYNE AVENUE WOODLAWN OH 45215

P.O. NUMBER	TERMS	PROJECT
SEE BELOW	10th PROX	

QUANTITY	DESCRIPTION	RATE	AMOUNT
	CUT, FIT & WELD IN NEW SECTION OF TOP MAIN CHORD REPAIR DEFLECTIONS IN FOUR LACINGS		
	CUT, FIT AND WELD IN PLACE SIX NEW LACINGS CLEAN UP AND PRIME REPAIRED AREAS AS NEEDED		
	08/25/06 PICK UP FROM DAYTON 09/19/06 DELIVERY	300.00 300.00	300.00 300.00
·	PO#GROVE740-5600		A.A. ar a fall of the state of
	SALES TAX	6.50%	713.05

1-00-1680. CIN

ME

RECEIVED

SEP 2 8 2006

SOFCO ERECTORS, INC.

YOUR BUSINESS IS APPRECIATED!!

**TOTAL** 

\$12,283.05

#### MIDWEST CERTIFIED BOOM REPAIR INC

Invoice

DATE INVOICE #

9/25/2006

2387

**841 STATE ROUTE 29 CELINA OH 45822** 419/942-2200 419/942-1963 FAX

BILL TO:

SOFCO ERECTORS 10360 WAYNE AVENUE WOODLAWN OH 45215



P.O. NUMBER TERMS PROJECT

10th PROX

SEE BELOW

QUANTITY	DESCRIPTION  GROVE RT740 SERIAL# 51509 ID#IN DK0535 BASE SECTION	RATE	AMOUNT
1 1 1 1	ASTM A514-05 3/8" PLATE 2-3/4" THRUST PLATE LA90 WELDING WIRE/SHOP GASES GRINDING & GOUGING SUPPLIES CLEANING & PRIMER SUPPLIES AWS CERTIFIED WELDER PRESSURE WASH TO MAKE REPAIRS REMOVE SECTION OF TOP PLATE & TOP PLATE REINFORCEMENT IN THE AREA WHERE TOP WAS PUSHED UP CLEAN UP, CUT, FIT AND WELD IN NEW PLATE SECTIONS FOUND CRACKING AROUND THRUST PLATES (NOTE-THESE USUALLY FAIL BEFORE TOP POPS UP AND BOTTOM TEARS OUT TO CYLINDER PIN UP) REMOVE DAMAGED THRUST PLATES, CLEAN UP AND HOLD DIMENSIONS CUT, FIT, FORM AND WELD IN PLACE NEW HEAVIER THRUST PLATES DRILL AND TAP HOLES FOR WEAR PLATES AND WELD STOP PLATES BACK ON CLEAN UP AND PRIME REPAIRED AREAS AS NEEDED  ORIGINAL QUOTE \$4160.00 EXTRA FOR THRUST PLATES 1980.00 INNER MID SECTION ID # 1JDK03053	348.00 190.00 108.00 98.00 126.00 5,270.00	348.00 190.00 108.00 98.00 126.00 5,270.00
1	LA90 WELDING WIRE/SHOP GASES	68.00	68.00

YOUR BUSINESS IS APPRECIATED!!

TOTAL

#### MIDWEST CERTIFIED BOOM REPAIR INC

Invoice

841 STATE ROUTE 29 CELINA OH 45822 419/942-2200 419/942-1963 FAX

DATE	INVOICE #
9/25/2006	2387

BILL TO:

SOFCO ERECTORS 10360 WAYNE AVENUE WOODLAWN OH 45215

P.O. NUMBER	TERMS	PROJECT
SEE BELOW	10th PROX	

QUANTITY	DESCRIPTION	RATE	AMOUNT
	GRINDING, GOUGING, CLEANING & PRIMER SUPPLIES	92.00	92.00
1	AWS CERTIFIED WELDER	800.00	800.00
	PRESSURE WASH TO CHECK FOR DAMAGE, STRAIGHTNESS AND		
	SIDE BOW-OKAY	Anna Company and English Company of the Company of	
	HOWEVER, WE DID FIND CRACKS IN 11 BOTTOM PLATE		
	REINFORCEMENTS		
	GOUGE OUT, CLEAN UP AND REWELD		
	OUTER MID SECTION ID# 1JCK03054		er i i dio paggio de la companya paggio pagg
1	CLEANING SUPPLIES	50.00	50.00
1	AWS CERTIFIED WELDER	700.00	700.00
	PRESSURE WASH TO CHECK FOR DAMAGE, STRAIGHTNESS AND		
	SIDE BOW-OKAY	Park (1870 No. 4 of the state o	
	FOUND NO OTHER DAMAGE		
	TIP SECTION ID# F0477-6164941		
1	CLEANING SUPPLIES	50.00	50.00
1	AWS CERTIFIED WELDER	700.00	700.00
	PRESSURE WASH TO CHECK FOR DAMAGE. FOUND SLIGHT		, , , , , , , , , , , , , , , , , , , ,
	NEGATIVE CAMBER AND NO SIDE BOW-OKAY		
	JIB ID# 1EB196284J		
1	ASTM A519-96 4130 3.000" OD X .250" WALL TUBING	282.00	282.00
1	ASTM A513-00 1,500" OD X .120" WALL TUBING	98.00	98.00
1 - 107972474747474747474	LA90 WELDING WIRE/SHOP GASES	81.00	81.00
1	GRINDING, GOUGING, CLEANING & PRIMER SUPPLIES	89.00	89.00
	AWS CERTIFIED WELDER	1,820.00	1,820.00
	FOUND DAMAGE TO CHORD AND 3/8" NEGATIVE CAMBER	-,	4,020,00
	REMOVE SECTION OF TOP MAIN CHORD AND SIX LACINGS		
	JIG SECTION TO TABLE TO MAINTAIN STRAIGHTNESS		

YOUR BUSINESS IS APPRECIATED!!

**TOTAL** 

# MADWEST CERTIFIED BOOM REPAIR, INC.

DATE: SEPTEMBER 25, 2006

TO: SOFCO ERECTORS 10360 WAYNE AVENUE WOODLAWN OH 45215

SUBJECT: CRANE BOOM RECERTIFICATION

REF:

OSHA 29 CFR 1926.550

**ANSI B 30.5** 

EQUIPMENT: GROVE RT740 SERIAL# 51509 BASE, INNER & OUTER MID, TIP AND JIB **SECTIONS** 

This is to certify that the above equipment was repaired at this facility by Midwest Certified Boom Repair, Inc. Personnel AWS Certified to AWS D14.3.

Material utilized is listed below and is guaranteed to meet or exceed physical property specifications of original material.

Welds are guaranteed to meet or exceed the requirements of AWS D14.3. Welding procedure utilized is AWS D14.3 per-qualified an/or manufacturer recommended.

Equipment is guaranteed by this corporation to certify to OSHA 29 CFR 1926.550 by an agency licensed by the U.S. Department of Labor. Per ANSI B30.5, crane must be assembled, inspected and load tested prior to recertification. Contact this office for inspection scheduling if none is known or available in your area.

REPLACEMENT STEEL UTILIZED: ASTM A514-05 3/8" PLATE

ASTM A519-96 4130 3.000" OD X .250" WALL TUBING

ASTM A513-00 1.500" OD X .120" WALL TUBING

WELDING MATERIAL UTILIZED: LA 90 WELDING WIRE

Phil La Rue, President

Midwest Certified Boom Repair, Inc.

ALL WELDING COMPLETED BY PERSONNEL AWS CERTIFIED TO WELD 100000 PSI YIELD STEEL PER AWS D14.1.



## SOFCO ERECTORS, INC.

10360 WAYNE AVENUE, CINCINNATI, OHIO PHONE: 771-1600 FAX: 771-5490

**DATE: 12/3/2007** 

TO: National Crane Inspection, LLC

**ATTEN:** Gary Lavender

FROM: Jim Frondorf

PHONE: 271-8608

FAX: 271-3439

**TOTAL NUMBER OF PAGES: 1 Including Cover** 

RE: Sofco Erectors' 40 Ton RT

#### **COMMENTS:**

Gary,

The deficiencies from your October 25, 2007 report have been addressed and repaired.

D 1. Safety latch has been replaced.

D 2. Rear steps have been straightened and ripped metal abated.

D 3. Left side step straightened and repaired.

D 4. Right rear outrigger pad has been straightened.

D 5. Jib pin safety keepers replaced with cotter keys.

The recommendations are due to be addressed at the next maintenance interval.

If you require further information please call 615-5115.

Thank you,

Jim Frondorf

PO Box 9186

Voice 513-271-8608

Cincinnati, Ohio 45209

Fax 513-271-3439

PO#

October 25, 2007

Invoice #

1957

Attn:

Jim Forndorf

Manuf:

Grove

Client:

Sofco Erectors

Model: Serial #: **RT740** 51509

Site:

Port Union Distribution 10360 Wayne Avenue

Unit ID:

019

Billing Add:

Cincinnati, Ohio 45215

Capacity lbs:

80,000

Phone# Fax#

513-771-1600

513-771-5490

### Deficiencies must be repaired or replaced and are mandatory.

D 1. The safety latch needs to be replaced. It is not latching.

The rear crane steps need to be repaired. They are bend and there is ripped metal. D 2.

D 3. The left side step at the bottom is bent and needs repaired.

Repair the right rear outrigger float pad. It is bent. D4.

D 5. Replace the JIB pins safety keepers with the proper pins. Not welding rods.

Recommendations would be wise to monitor, repair or replace, however are not mandatory.

R 1. Repair the air leak.

Repair the throttle diaphragm. It is not working properly. R 2.

Adjust the 1st boom section wear pad at the bottom right side. R 3.

Repair the oil and RPM gauge. R 4.

Repair the engine and radiator leaks. R 5.

Replace the right rear outrigger warning label. R 6.

Post the weight and capacity on the over haul ball. R 7.

Monitor the wire rope. It is showing wear and a small loss of diameter. R 8.

#### **Comments:**

For complete details of inspection see enclosed copy of check-off list.

The above recommendations, while not mandatory, need to be addressed. Please be aware that if these items are not taken care of OSHA can issue a citation for them under the 5A1 General Duty Clause.

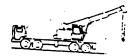
Respectfully submitted,

Gary Lavender Chief Inspector

GWL/ksd

Accredited by the US Department of Labor OSHA under CFR 29.1919

The device described in this document was found to be in the above condition. It is understood that this inspection does not preclude the necessity to perform frequent and periodic inspections in conjunction with a regular maintenance program in accordance with the manufacturer's specifications and/or the federal, state and local guidelines, as applicable. This inspection does not constitute a guaranty or warranty of the performance of the above equipment.



RADILLON LEAKING



National Crane Inspection, LLC. PO Box 9186 Cincinnati, Ohio 45209 513- 271-8608 Fax 513-271-3439	Type inspection: OSHA: 1426 Inspector:	Initial ×	Annual_	Quad	
513- 271-8608 Fax 513-271-3439	OSHA: 1426 Inspector:	550			Others /reinspection
	Inspector:				
C C -			211	ANSI	B 30.5
C C =	Crane I	aspection R	anort		
		aspection 16	eport		
Owner: Sofco ERECTOR	5				,
Address: 10340 WAYNE	Ave				
City CIN Oh	St	ate		_Zip	
	DR TAUFIEL	o Oh Pho	ne#		Fax#
Manufacturer GROVE					
Model# RT 140	Conial # TIF		Ov	vners ID:	219
Service status / CTING C	Senai #	09		Max Capa	icity 80,000
Model# RT 140 Service status L1 FT 140 Soom Length 34 81  Boom Type: Hydraulic Yes or No	Tib I comb Site: Ye	$s \times No $	our meter	9694	
Boom Type: Hydraulic Yes or No Boom Main Chord: Tubular:	JIO Length J&1	: Other			
Boom Main Chord: Tubular:	rittedN	Not Fitted		uracy'	
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Boom Lattice: Tubular A	Angular:	Other			
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dechanic boom truck: Other	Barge mounted:	length_	Width	) Heir	Truget
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oad Test Yes or No: Certified V Radius:		_: Modification	on done Yes	or No	_: what type
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	/				
Accen	And Division				
Record keeping	ted Rejected	N/A	Comments:		
Last inspection date					
Load Charts & Decals		-			
Boom angle indicator ( what Type)		-			
Operators controls marked	<u> </u>	<del></del>	Electrical _	or UM	anual
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A) Counter weight Pins/ Bolts/ K	eenem / e	····			
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Air pressure operator cab:	psi Lowering				
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Other hydraulic hoses & Condition			thouse p	114 fran	CRACKED RIPLA
Electrical system/ Battery/ lights	T - X	1			
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Sheaves/ Rollers/ Guides Seat belts / Restrain  A) Seat Cushion Bottom/Back Boom Conditions Pins/Bolts/ Keepers	$\overline{\mathcal{U}}$				
Sheaves/ Rollers/ Guides Seat belts / Restrain  A) Seat Cushion Bottom/Back	<u></u>				

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62 Boom Tr. P	ersonnel/	Basket					1.11			<del></del>	
63.Personnel B	asket Wa	rning La	bel		_		NH	٠.			
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BOOM HOIST		1	1							ŀ	
BOOM HOIST											

Voice 513-271-8608

Cincinnati, Ohio 45209 Fax 513-271-3439

PO#	Bill 10:
Client: Sofco Enectors	Company: Sofco ERECTORS
Site:	Address: 112360 LUAYNE AVE
Address: LASAINT DR.	City: CIN State: 06 Zip: 45215
City: FAIR FIELD State: On Zip:	
Contact: TIM FORMLORF	Manuf: 6-ROUE
Phone# 513 - 771 - 1600	Model # <u>RT</u> 740
Fax# 513-771-5490	Serial # 5150 9
	Unit ID #
Inspection: PASSED FAILED	Capacity Lbs: 40,000
Deficiencies/Recom	mendations/Comments:
*If there are any Deficiencies this unit shall be ta	ken out of service until all deficiencies have been corrected.*
DI- Suloty Latch Needs	TO BE KEPUACOO - NOT LATERING
DI Dad barn stope a	read RODAIRed - Bent - RIPPEN Molate
D-3: Lett SiDE STEP AT BO	Hom Needs Repaired Bent CARLO
D-6- KODNIE PRINT KERR	OUTRIGGER YLANT PAO 3 15801
D-5-Replace JIB PINS - SIALETY	Keepers with Paster Pink - NOT wat Ding o
R-1- Repair Din Leak -1	0 0 1
R-2- Repair Throttle DIAL	Cham - wot working Property
73- potust 151 Boom Section	wein PAD AT Right CIDE BOTTOM
R-4- REPAIR OIL + R.P.M.	GAUGE
R-5- Repair Lenks At	RADIOTOR + ENGINE
R-6- Replace Ribut Re	AR OUT RIGHTER WARNING
R-7- Post weight + cat	PACITY ON OVER HALL BALL
TL-8- Mounton wick 101	E - I Show way work 4 straig tost of
DIAMOTOR-STILL W/IN	Specs.
P	
10.2 - 20.0 20.0 - 49.0	oment the device described in this document was found to be in the above
It is understood that this inspection does not pro	eclude the necessity to perform frequent and periodic hispections in
and a remiser with a regular maintenance program in accord	lance with the manufacturer's specifications and/or federal, state and local
-id-lines as applicable. This inspection does not constitu	ute a guaranty or warranty or a warranty of the performance of the above
equipment. Any claims against National Crane Inspection	, LLC must be filed in Hamilton County Court in the State of Ohio.
I CILON	Date: 10-24-07
Inspected by: Carry Chalmes	Date: 10-24-07  Aporter 60. Date: 10-24-07
Client's Representative: Mark R.	Fronte 60, Date: 10-24-07
Cheff & Representative.	

Phone 513-271-8608

PO Box 9186 Cincinnati, OH 45209-9186

Fax 513-271-3439

To our Valued Client:

Please find enclosed the paper work for the inspection(s) performed at your job site during our recent visit.

Due to the increase in Liability Insurance for both your company and ours we find it necessary to **REQUIRE** the following procedures to be followed in order to issue your Certification Document(s) and Decal(s) for a deficient unit. We must receive notification that all Deficiencies have been corrected within 30 days of inspection. All of the following information must be submitted **on your company's letterhead:** 

Invoice # (this will aid us in locating the paperwork for this job)
Manufacturer
Model #
Serial #
Unit ID#
Deficiency number(s) i.e. D-1, D-2
Short description of the repairs made or a copy of the work orde
Date of repairs
Signature of Authorized Agent
Name and address to where the Certification sheet and decal should be sent
Upon receipt of the above paperwork and payment for services your Certificate
and Decal will be issued.
If you are unable to repair Deficiencies within 30 days a re-visit may be
necessary.

Please keep in mind that we offer Crane Training, Barge Surveys and Crane Appraisals. You can also call us for those difficult to find parts for all your hoisting equipment and for referrals involving repairs and maintenance.

If you have any questions or need any additional information, please do not hesitate, just give me a call at your earliest convenience.

Thank you for your business and we look forward to serving you again in the future.

Respectfully,

Gail Lavender

				1		1	•
# •			Accepted /	Rejecte	u 1		
22. Boom w	ear guides &	Measuremen	ots GANV	Rejecte	xd N/	۸	Comments
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37.Operator s	tation Mecha	ınisms, <del>Foot</del>	latches & dog	Rodale	Belle	In HL	
Jo. neater &	accessories	<i>*</i>	1 dhotel .		- Specia	LANG HU	<u></u>
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40. All Safety 41. Horn	glass			1	1		
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42. Windshield 43) Fire Exting	wipers	_1/_					•
44 Warning la	guisner bala/Etaasia			Treed up	Date Service	Ta.	
45 Sign out sid	de cab/inside			-		<del>-</del> a-	
46 Boom warm	uing labels	cab-					
47.Outriggers	waming eige	کا مامورونده			_		
48 Easy access	to the crane	& coof		1	Zul Turtal	al l	
49 Hand rails v	walk wave	W 1001			_		
50 Anti-skid m	aterial in wal	lk areas			-		
51 Machinery	Ruards				_		
52 Carbody /ru	muble /Turr	eis 1			-		
53 Crawler trac	k shoes/ side	rails			-		
54 Crawler pin:	s/keepers/ Ro	ollers	•		-   -		
33 Steering clu	tches/motors	/ &locks 🔫	-	-	-	_   ,	
36 Drive sproc	ket/ [dlers				-   4	-   .	
57 Tires /Rim c	condition	1			-	<u></u> -	
58 Mirrors		<u>i</u>			- WXIOTA	2 Then	<del>do co</del>
59 Parking Brak 60 Swing Moto	(e/				- 1 2021	1/1 X/A	do Some Maxin
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62 Carrier, Fran	ne Sprickless	• -				good 11 1	4 my
63 PTO	ic Structure				Neu	2 Wear	Pars
64. Muffler/guar	rd	<del>.</del>				_ 1 000 =	10003
65 Boom Tr. Pe	rsonnel/ Basi	cet			-	-   _	
66.personnel Ba	sket Warning	Label			.	.   _	
67. Safety latches	s and straps	- 1	BOTH Rooks	Block/Rul	1 12	·,   _	
Main hook (ma	nufacturer	monk	M	odel#	SN (	<del>(</del> 1117	77
Throat opening	Numbe	r of Sheaves		T results-	Weight of	Chloole 1	21.3
Safety latches ar	nd straps		المستوا		Will O	JOCK 1	276 ?
.Auxiliary hoist I Throat opening	Daily block M	lanufacturer	(manne	Model	#	SN#	en e
Wire Rope	Type : Ci	_NDT result	W.	eight of ball_	500 Ux		
	Aype pize	TWOCK COM	Damage/Rope: N	leasurement;	Broken Wires:	End connec	tion: Status
Main Hoist	GXG 134	1 1	1412 F/		Wo.	11. 1	Crushallin
Auxiliary Hoist	19X) Sn	man 111	TIRE TO	47	A	Melay	In MILW DYM
Boom Hoist		Sorius	1 - MA	VEIDON -	New To	Choch	When
Pendant lines				<del>-</del>			
Jib Pendant Others							
<b>Оша</b> 3							

National Crane Inspection, LLC.	
Accredited by the US Department of Labor OSHA under CFR 29.1919	
INSPECTED	
OSHA# 19/0.190-1924,550 ANSI# B.30.5	
MFR# Grove  MODEL# R 140	
SERIAL# 5/509	
NEXT EXAMINATION DUE 10/2007	
Gary Lavender 513-271-8608	

### B & G Equipment & Truck Repair, Inc.



1951 Dryden Rd. Dayton, Oh 45439 (937) 294-9944 Fax (937) 294-9907



B & G Truck Body Shop 1957 Dryden Rd. Dayton, Oh 45439 (937) 294-1918 Fax (937) 294-9907

INVOICE NUMBER

936166

INVOICE DATE

Jun 15, 2015

PAGE 2

504 0 TO:

SOFCO ERECTION JOHN 513-615-5092 JOHN 513-386-0998 SHIPTO: UNIT#019 GROVE RT 740 MILEAGE/HRS 349

68/JOHN

ITEM I.D DESC.	ORDERED	SHIPPED	UNIT	PRICE	NET	ΤX
	IP ONE MOUNTING					
	ALLED ON UNIT, MA				(2) (2) (1) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2	
	IM COMPRESSOR II					As at 1
	TER CONNECTED A				(1990)	
	TER & CHECKED DRY	ER .			선생님 : 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10	
OPERATION				22.00	en e	
LABOR - BUCK			85.00	90.00	7,850.00	
10 W HYDRAUL	IC, OIL		60.00	3.25	19500	
RELAY			1.00	56 93 30 96	56.93 April 48.20	
BACK-UP ALAR	하고 있는 것이 없는 사람들은 그는 그는 사람들이 되었다.		1,00	43.20		
PRESSURE SW			1.00	13375	1,4 14 1	
FOOTVALVEB			1.00	574.90	Alta Zotte	
HYDRAULIC SE	그리고 그는 그 그 그 그는 그는 그는 생각이 그리고 없는 동생 경험이		1,00	128,96	12898	
HYDRAULIC PL			1,00	4,426,25	11	
FITTING			- 1,00	9.20	7000 - 7	
FUSEHOLDER			1.00	0.20	12.90	
TOGGLE SWITE			1 00	12.90	EC	
AIR SWIVEL SE			1.00	109.63	169.63 769.60	
MOVE MACHIN	E (QUI)		1.00	700.00 586.30	70 000 00 00 00 00 00 00 00 00 00 00 00	
AIR DRYER			1.00 2.00		21.00	
G251703810-Fi	·		2.00	8.01	# 16 32 ·	
68MTA 9.6 FITT	H. B. 18-4. H. H. 나는 바람이 다른다. 그리면 다른	The second secon	1.00	6.25	2 25	
269NTAS-2 FIT	그리는 그들이 안 다리가 하지 않는데 아무슨 없는데 됐다.		1.00	9.11	9 11	
269NTA-4-4 FTT			. <b>I.V</b> V			
				SUBTOTAL :	Continued	
<b>新</b> 北京				TAX :	Confinued	
				PAYMENTS : TOTAL :	Confinued	

PO Box 9186
Cincinnati, Ohio 45209
Voice 513-271-8608 Fax 513-271-3439

To our Valued Client:

Please find enclosed the paper work for the inspection(s) performed at your job site during our recent visit.

Due to the increase in Liability Insurance for both your company and ours we find it necessary to **REQUIRE** the following procedures to be followed in order to issue your Certification Document(s) and Decal(s) for a deficient unit. We must receive notification that **all safety items have been repaired within 7 days**, and all other deficiencies have been corrected within 30 days of inspection. All of the following information must be submitted **on your company's letterhead:** 

Invoice # (this will aid us in locating the paperwork for this job)
Manufacturer
Model #
Serial #
Unit ID #
Deficiency number(s) i.e. D-1, D-2
Short description of the repairs made or a copy of the work order
Date of repairs
Signature of Authorized Agent
Name and address to where the Certification sheet and decal should be sent
Upon receipt of the above paperwork and payment for services your Certificate and
Decal will be issued.
If you are unable to repair Deficiencies within 30 days a re-visit may be necessary.
그는 마스트 아무슨 아이지 그녀는 경기를 다시 되었다. 아이들이 아이들이 아이들이 아이들이 아이들이 아이들이 아이들이 아이들

Please keep in mind that we offer Crane Training, Barge Surveys and Crane Appraisals. You can also call us for those difficult to find parts for all your hoisting equipment and for referrals involving repairs and maintenance.

If you have any questions or need any additional information, please do not hesitate, just give me a call at your earliest convenience.

Thank you for your business and we look forward to serving you again in the future.

Respectfully,

National Crane Inspection, LLC

Asking me to overlook a simple safety violation would be asking me to compromise my entire attitude toward the value of your life!

Voice 513-271-8608

TALABLE DE LA COMERCIA ESPAINANCE PROPORTO EL CARROLLE DE LA CARRO
PO# Bill To: PI
Client: Solco Erectos Company: Scroll Environ
Site: Shap / ward Address: State: Zip:
Address: 10369 Worne Due City: State: Zip:
City: City: City: State: Zip: 15015
Contact: Terra Brice Manuf:
Phone# 513 971-1609/5/3-6/6-5/06 Model #
Fax# Serial #
Typed Report will follow within 14 days  Unit ID #
Inspection: PASSED FAILED Capacity Lbs:
Deficiencies/Recommendations/Comments:
TO WARN OF POTENTIAL HAZARDS LISTED BELOW!!!
WORD TO WARM OF TO LEAVE to the state of the
*If there are any Deficiencies this unit shall be taken out of service until all deficiencies have been corrected.*
RI month left (lean & (2) hight the state of uplacement
To Seperate med to consult to
in the future. Shall not Deviator Crany
2 Nead Lights Do Not White Sum Set Tobe
Bofore Sem raise & Not age sun sul da Do erable.
38 Back up Alaim Do not which the Samuel
When on the Job MINST DE EXCOLORS SPORTER
the Cione. When Set This only a timporting Bust
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¿ Correción.
R newtoTouch up Boom Ext. 32010 mile sour Mount
of mantenay, Rustings Corrision.
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18 1 Set 10 the Dounton
omnote mot crome account happens not hopen set up her would
30 lieuesthat outnieges Beams one Coully Extented. But Not. The Det Would
Be a great intrept to Paint a Line a outer Beam to Mark if they are later
It is the responsibility of the Owner/Leasor that everything meets manufacturers specification.
As a design of a section do and agrees that certification of this unit terrors the device the
As of @
applicable. This inspection does not constitute a guaranty or warranty or a warranty of the performance of t
Inspected by: Date: Date:
1/1 min of the list
Client's Representative: Date:

CERTIFICATE OF UNIT TEST AND/OR EXAMINATION OF CRANE, DERRICK, OR OTHER MATERIAL HANDLING DEVICES

#### SHORE BASED

Material Handling Device Inspection Certificate

	nough inspection of t			rovisions of 29CFR as set forth by	V.	OSH. ANSI	A <u>1926.1412</u> B30.5	
lnit	tial: 10/25/2005	Quad:		Load Test:		Annua	al: 05/19/2016	
Се 1.	10360 V Cincinn	<u>Erectors</u> Nayne Ave, Cinci nati, OH 45215	nnati, OH 4521 <u>5</u>			Serial #:	RT740 51509 019	
2.	Description (check Location: ☐ Remail Remails for the control of	): ☑ Crane ☐ ains at work site k, rail, etc.): <u>Roug</u>	Changes wor	ther (describe) rk sites Located @ <u>L</u>	ibrary @ Day	yton, Ohio		
3.	Service status at ti	me of survey (che		☐ Clamshell ☐ Ma			l on eido	
4. 5.	Test loads applied  Radius in Fee	(cross out if only		h <u>34'-104ppf</u> Type <u>4 \$</u> lucted): Rated Load in P		Boom Length i		
		<i>!</i>				1.50 m		
	Means of applicati Basis for assigned		Not Applicable Manufacturer's	e s Rated Design				
6.	Remarks and/or li Do not pick and ca	mitations imposed arry load, restricted	: Owner's User of during inspection	<b>Warranty Only</b> n, reeved (1) part Line	e. Crane nee	ds to be set up or	n mats to distribut	te gravel pressure.
7.	I confirm that on the authorized representation that a ANSI B30.5	ne <u>19th</u> of <u>May, 20</u> entative; that said any deficiencies co	016, the above de □ test and examensidered to const	Not Fitted ☐ A escribed device was ☐ ination, ☒ examination titute an unsatisfactory organization making the	tested and $\frac{1}{2}$ tested and $\frac{1}{2}$ n met in all recondition ha	espects with the range been corrected examination:	equirements of d.  National Crane	lersigned or his  e Inspection, LLC innati, Ohio 45209
Na Ti	ame of authorized pe tle of signatory in the	erson carrying out e organization mak	and/or overseeing king and/or overse	g the test and/or exam eeing the test and/or e	xamination:			Gary Lavender ther Surveyor/kmr

Asking me to overlook a simple safety violation, would be asking me to compromise my entire attitude toward the value of your life.

Accredited by the US Department of Labor OSHA under CFR 29.1919

The device described in this document was found to be in the above condition. It is understood that this inspection does not preclude the necessity to perform frequent and periodic inspections in conjunction with a regular maintenance program in accordance with the manufacturer's specifications and/or the federal, state and local guidelines, as applicable. This inspection does not constitute a guaranty or warranty of the performance of the above equipment.

National Crane Inspection, LLC CERTIFICATE OF UNIT TEST AND/OR EXAMINATION OF CRANE, DERRICK, OR OTHER MATERIAL HANDLING DEVICES

#### **SHORE BASED**

Material Handling Device Inspection Certificate

		this crane is not mandatory	under provisions of 29CFR andards as set forth by	OSHA <u>1926.1412</u> ANSI <u>B30.5</u>
<u>lni</u>	tial: 10/25/2006	Quad:	Load Test:	<u>Annual: 05/28/2014</u>
Ce	10360 Cincin	I9.5.28.2015 Erectors Wayne Ave, Cincinnati, OH nati, OH 45215 1-1600	<u>45215</u>	Manufacturer: Grove Model #: RT740 Serial #: 51509 Owners ID: 019 Capacity Lbs. 80,000
2.	, -	nains at work site <u>⊠</u> Chan	☐ Other (describe) ges work sites Located @ <u>Libert</u> y	Way Crossing
3.	Service status at t	ime of survey (check): 🗵 Lif	ting 🖳 Clamshell 🛄 Magnet	Other (describe)
4.	Boom at time of s	urvey (except bridge cranes)	: Length <u>34'-104ppf</u> Type <u>4 Sectio</u>	n + Base 32' Jib Stored on side.
5.	Test loads applied	d (cross out if only examination	on conducted):	
	Radius in Fee	et Proof Load in Pou	nds Rated Load in Pounds	Boom Length in Feet
	Means of applicat Basis for assigned		olicable cturer's Rated Design	
6.	Remarks and/or li	mitations imposed: Owner's	s User Warranty Only	
7.	I confirm that on t	entative; that said 🖳 test an	oove described device was 💆 teste	d and examined, <u>⊠</u> examined by the undersigned or his in all respects with the requirements of
Na	ame and address of	Company authorized or accr	edited organization making the test	and or examination: National Crane Inspection, LLC PO Box 9186, Cincinnati, Ohio 45209
			erseeing the test and/or examination overseeing the test and/or examination	

Asking me to overlook a simple safety violation, would be asking me to compromise my entire attitude toward the value of your life.

Accredited by the US Department of Labor OSHA under CFR 29.1919

The device described in this document was found to be in the above condition. It is understood that this inspection does not preclude the necessity to perform frequent and periodic inspections in conjunction with a regular maintenance program in accordance with the manufacturer's specifications and/or the federal, state and local guidelines, as applicable. This inspection does not constitute a guaranty or warranty of the performance of the above equipment.

PO Box 9186, Cincinnati, Ohio 45209-9186

Phone: 513-271-8608 Fax: 513-271-3439

Date: 7-23-2015
TO: JOH HESFORD
Company Softo
Phone: 771-1600
Fax: 771-5490
Number of pages including this cover page: 3
Comments:  The hard copies were  Sent out rester days
Clate in the day Juper Should receive them no Cater Than temorrose.
Hand you for tistures Doction of Brane chispothém We represente your business !
Regards,

MUW. GARY LAVENDER

### National Crane Inspection, LLC

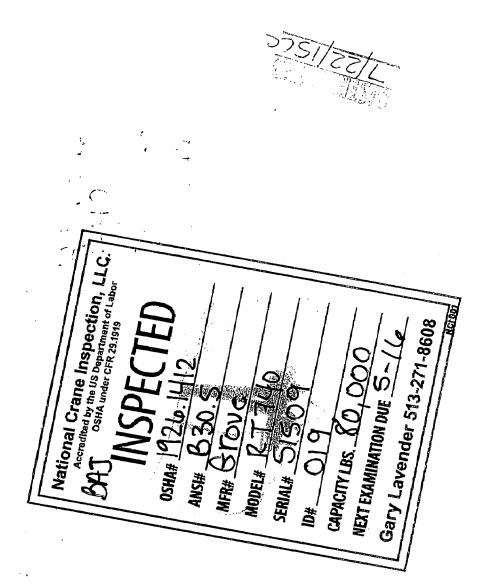
CERTIFICATE OF UNIT TEST AND/OR EXAMINATION OF CRANE, DERRICK, OR OTHER MATERIAL HANDLING DEVICES

SHORE BASED

Material Handling Device Inspection Certificate

Although inspection of this crane is not mandatory under provisions of 29CFR Part 1919, this particular crane conforms with standards as set forth by		OSHA <u>1926.1412</u>		
rait 1919, this partici	ular crane conforms with standar	ds as set forth by	ANSI <u>B30.5</u>	
Initial: 10/25/2006	Quad:	Load Test:	Annual: 05/28/2014	
Certificate No. BAJ.019  1. Owners: Sofco E 10360 W Cincinn		1 <u>5</u>	Manufacturer: Grave Model #: RT740 Serial #: 51509 Owners ID: 019 Capacity Lbs. 80,000	
513-771			Outpoorly 255. <u>60,000</u>	
2. Description (check):	_	Other (describe)		
Location: 🗵 Remai	ins at work site 🗵 Changes w	ork sites Located @ Liberty Wa	ay Crossing	
If crane, type (truck, If derrick describe:	rail, etc.): <u>Rough Terrain</u>			
. Service status at tim	e of survey (check): 🗵 Lifting	☐ Clamshell ☐ Magnet ☐	Other (describe)	
. Boom at time of sun	vey (except bridge cranes): Leng	oth 34'-104ppf Type 4 Section +	Base 32' Jib Stored on side.	
. Test loads applied (d	cross out if only examination con	ducted):		
Radius in Feet	Proof Load in Pounds	Rated Load in Pounds	Boom Length in Feet	
Means of application Basis for assigned lo		e s Rated Design		
Remarks and/or limit	ations imposed. Owner's User	Warranty Only		
	iting device (check):	☑ Not Fitted ☐ Accuracy		
confirm that on the	28th of May, 2015, the above de	scribed device was $oxedsymbol{\square}$ tested and	examined, 🗵 examined by the undersigned or his	
authorized representa ANSI B30.5 that any	ative; that said $\square$ test and examined to constantiation constantial constantial $\square$	ination, $oxed{\boxtimes}$ examination met in all itute an unsatisfactory condition h	respects with the requirements of lave been corrected.	
me and address of Con	npany authorized or accredited of	organization making the test and o	or examination: National Crane Inspection, LLC PO Box 9186, Cincinnati, Ohio 45209	
me of authorized persone of signatory in the org	n carrying out and/or overseeing ganization making and/or overse	the test and/or examination: eing the test and/or examination:	Bill Jones Gary Lavender, President or other Surveyor/Inc	
		ı	Signature: Hay W. Jawmay Date: Hay 22, 2015	
Asking me to overloo	k a simple safety violation, wou	lld be asking me to compromise	my entire attitude toward the value of your life.	
The device described in this quent and periodic inspect	Accredited by the US I is document was found to be in the a	Department of Labor OSHA ubove condition. It is understood that is internance program in accordance with	inder CFR 29.1919 this inspection does not preclude the necessity to perform the manufacturer's specifications and/or the federal, state	

and local guidelines, as applicable. This inspection does not constitute a guaranty or warranty of the performance of the above equipment.





## SOFCO ERECTORS, INC.

CINCINNATI 513-771-1600 FAX: 513-771-5490

COLUMBUS 614-761-2500 FAX: 614-761-2515

INDIANAPOLIS 317-352-9680 FAX: 317-352-9688

DATE: 7/17/15

·	
SEND TO NCI	From: JOHN HESPOND
Attention:	Office location:
GARY LAVENDAR	
Fax: 771-3439	Phone number: Extension:
Phone Number:	Number of pages
i ilone ivambor.	including cover sheet:
NOTE: If you do not receive all the sheets being transmitted Please advise.	ed, or if you have any questions regarding this fax,
COMMENTS:	
Gary,	
REPAIRS LIST	6/15/15.
WEEK BEFORE	6/15/15.
HAVE RECEIVED	DECAL VET.
LET ME KNOW	IF You Cours
NOT READ.	
	·
THANKS	
OHN.	

PO Box 9186

Cincinnati. Ohio 45209

Voice 513-271-8608

Fax 513-271-3439

Date of Inspection: May 28th, 2015

PO #:

Invoice #: 4695

Attn:

**Jerry Bice** 

Manuf: Model:

Grove **RT 740** 

Client:

**Sofco Erectors** 

Serial #:

51509

Site:

Same

019

Billing Address: 10360 Wayne Ave, Cincinnati, OH

Unit ID:

Capacity lbs: 80,000

Phone #:

513-615-5106

Fax #:

XXX-XXX-XXX

#### **!!!WORD TO WARN OF POTENTIAL HAZARDS LISTED BELOW!!!**

#### Deficiencies must be repaired and are mandatory.

- D1. No back up alarm or lights.
- D2. Left rear steer cylinder is leaking oil on the ground.
- D3. Air pressure will not maintain pressure. Possible leak in air swivel. Can not use foot throttle. Must be able to control throttle with foot pedal.
- D4. Hydraulic pressure problem. Weak outriggers. Must be able to get tires clear of ground for stability.
- D5. Main front winch cable follower is broken on left side. If it comes apart it could damage the cable. Needs repaired ASAP.

### **Recommendations** would be wise to monitor, repair or replace, however are **not** mandatory.

- R1. Need to preform daily and monthly crane inspections.
- R2. Anti-two block and electric able indicator do not work. These should work.
- R3. Low air pressure light does not work,
- R4. Auxiliary hoist rotation indicator does not work. Aux hoists stowed now.
- R5. Wiper needs blade.
- R6. Tire condition is bad. All tires are dry rotted. Do NOT pick and carry loads on current tires.
- R7. Boom sections need lubed.

#### **Comments:**

- For complete details of inspection see enclosed copy of check-off list.
- The above recommendations, while not mandatory, need to be addressed. Please be aware that if these items are not taken care of, OSHA can issue a citation for them under the 5A1 General Duty Clause.

Respectfully submitted,

Gary Lavender Chief Inspector

GWL/Inc

Asking me to overlook a simple safety violation, would be asking me to compromise my entire attitude toward the value of your life.

Accredited by the US Department of Labor OSHA under CFR 29.1919

The device described in this document was found to be in the above condition. It is understood that this inspection does not preclude the necessity to perform frequent and periodic inspections in conjunction with a regular maintenance program in accordance with the manufacturer's specifications and/or the federal, state and local guidelines, as applicable. This inspection does not guaranty or warranty of the performance of the above equipment.

## B & G Equipment & Truck Repair, Inc.



1951 Dryden Rd. Dayton, Oh 45439 (937) 294-9944 Fax (937) 294-9907



B & G Truck Body Shop 1957 Dryden Rd. Dayton, Oh 45439 (937) 294-1918 Fax (937) 294-9907

INVOICE	NUMBER	

006169

INVOICE DATE

Jun 15, 2015

PAGE

SOLD TO

SOFCO ERECTION JOHN 513-615-51192 JOHN 4134388-0930

SHIPTO: UNIT靠019 GROVE RT 740 MILEAGE/HRS 849 AR JOHN

CUST. ID	
P.O. NUMBER	 •
P.O. DATE	
OUR ORDER NO	
SALESPERSON	 ,

SHIP VIA . . . . . . . . : SHIP DATE ..... TERMS . . . . . . . . . .

ΤX NET PRICE SHIPPED UNIT ORDERED ITEM LD. / DESC.

REPAIRED BACK-UP ALARM & LIGHT CIRCUIT, RENEWED RELAY & PIG TAIL. INSTALLED NEW ALARM, REMOVED & DISASSEMBLED LEFT REAR STEERING CYLINDER, RESEALED & INSTALLED CYLINDER, CHECKED AIR PRESSURE LEAKS, REMOVED & CLEAN FOOT THROTTLE UNIT, INSTALLED FOOT THROTTLE REMOVED BRAKE FOOT VALVE & RENEWED WITH ONE NEW FITTING & ONE BRAKE LIGHT SWITCH, RENEWED SEALS IN TRANSMISSION & AIR SWIVEL, TESTED HYDRAULIC PRESSURE TO OUTRIGGER CIRCUIT, TESTED POWER TO ALL PUSH. BUTTONS & SELECT SWITCHES & TOTAL RENEWED FUSE HOLDER, ADJUSTED MAIN PRESSURE RELIEF ON CUTRIGGER REMOVED HYDRAULIC PUMP & REPLACED WITH NEW UNIT, READJUSTED PRESSURE TO 2250 AT FULL THROTTLE, ADDED 15 GAL HYDRAULIC OIL, REMOVED FROMT WINCH CABLE FOLLOWER, REPAIRED BRACKETS & WELDED BRACKET TO MAIN SHAFT. REINSTALLED & ADJUSTED, INSTALLED AIR

SUBTOTAL TAX PAYMENTS TOTAL

Continuet Continued Carlinguad

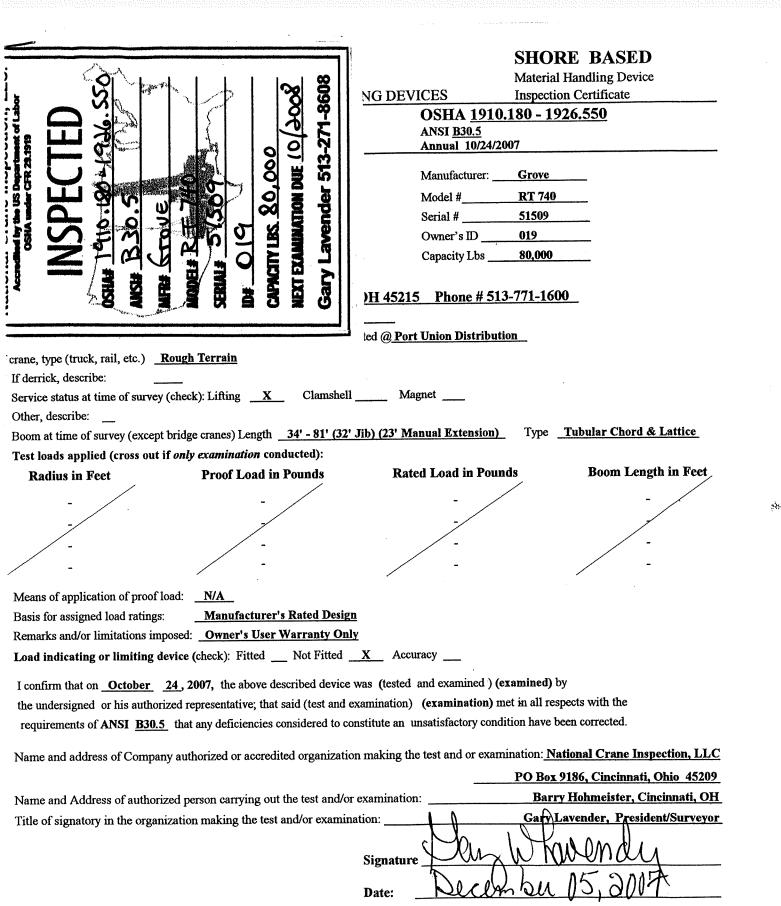
CERTIFICATE OF UNIT TEST AND/OR EXAMINATION
OF COMME DEPRICK OR OTHER MATERIAL HANDLING DEVICES

SHORE BASED

Material Handling Device Inspection Certificate

of craine, deriver, on		ING DEVICES	Inspection Commence
This particular crane conforms with	standards as set forth by 29CFR	OSHA <u>1910.</u> ANSI B30.5	180 - 1926.550
Initial 12/2005		Annual 10/24/20	007
		1.6	
Certificate No. BCH-019-1	0 24 2007	Manufacturer:	
Certificate No. DCII-019-1	0.24.2007	Model #	RT 740
		Serial #	51509
		Owner's ID	019
N		Capacity Lbs	80,000
1. Owners: Sofco Erectors,	10360 Wayne Ave, Cincinnati, C	OH 45215 Phone # 513	3-771-1600
2. Description (check): Crane X	_ Derrick Other (describe)		
Location: (a) Remains at work s	site (b) changes work sites X Loca	ated @ Port Union Distribution	on_
If crane, type (truck, rail, etc.) R	<u>Rough Terrain</u>		
If derrick, describe:			
3. Service status at time of survey (	(check): Lifting X Clamshell _	Magnet	
Other, describe:			
4. Boom at time of survey (except 1	bridge cranes) Length	ib) (23' Manual Extension)	Type Tubular Chord & Lattice
5. Test loads applied (cross out if	f only examination conducted):		
Radius in Feet	<b>Proof Load in Pounds</b>	Rated Load in Pound	ds Boom Length in Feet
			/ .         /
-	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
<u>-</u> /	7		
<i>/</i> -	<i></i>	/ -	
-	- <sub>-</sub> , -	-	-
Means of application of proof lo	ad: N/A		
Basis for assigned load ratings:	Manufacturer's Rated Design		
•	osed: Owner's User Warranty Only		
-	vice (check): Fitted Not Fitted	X Δecuracy	
7. Load indicating of inniting de	vice (check). Titted Not Titted	71 Mountary	
I confirm that on October 2	24, 2007, the above described device w	as (tested and examined) (ex	amined) by
the undersigned or his authoriz	zed representative; that said (test and exa	amination) (examination) me	et in all respects with the
requirements of ANSI <u>B30.5</u>	that any deficiencies considered to cons	stitute an unsatisfactory condit	ion have been corrected.
1 11 00		1	
Name and address of Company	y authorized or accredited organization	making the test and or examin	nation: National Crane Inspection, LLC
			PO Box 9186, Cincinnati, Ohio 45209
Name and Address of authorize	ed person carrying out the test and/or e	xamination:	Barry Hohmeister, Cincinnati, OH
Title of signatory in the organiz	zation making the test and/or examinat	ion:	Gary Lavender, President/Surveyor
		c 1	Lang Man de
		Signature	w rowerroug
		Date: Delle	hu 15 SMA

## Accredited by the US Department of Labor OSHA under CFR 29.1919



## Accredited by the US Department of Labor OSHA under CFR 29.1919

The device described in this document was found to be in the above condition. It is understood that this inspection does not preclude the necessity to perform frequent and periodic inspections in conjunction with a regular maintenance program in accordance with the manufacturer's specifications and/or the federal, state and local guidelines, as applicable. This inspection does not constitute a guaranty or warranty of the performance of the above equipment.

#### SHORE BASED

CERTIFICATE OF UNIT TEST AND/OR EXAMINATION

OF CRANE, DERRICK, OR OTHER MATERIAL HANDLING DEVICES Inspection Certificate

Material Handling Device

This particular crane conforms with standards as set forth by 29CFR  Initial 12/2005	OSHA <u>1910.180 - 1926.550</u> ANSI <u>B30.5</u> Annual <u>10/25/2006</u>
Certificate No. <u>GWL-019-10,25,2006</u>	Manufacturer:         Grove           Model #         RT 740           Serial #         51509           Owner's ID         019           Capacity Lbs         80,000
<ol> <li>Owners: Sofco Erectors, 10360 Wayne Ave, Cincinnati, OH et al. Description (check): Crane X Derrick Other (describe) Location: (a) Remains at work site (b) changes work sites X Located (clearly truck, rail, etc.) Rough Terrain</li></ol>	@ Colerain Ave & I 275 Cincinnati, OH  Magnet
5. Test loads applied (cross out if only examination conducted):  Radius in Feet Proof Load in Pounds	Rated Load in Pounds Boom Length in Feet
Means of application of proof load:  Basis for assigned load ratings:  Manufacturer's Rated Design  Means of application of proof load:  Manufacturer's Rated Design  Owner's User Warranty Only  Load indicating or limiting device (check): Fitted Not Fitted X	Accuracy
I confirm that on <u>October</u> <u>.25</u> , 2006, the above described device was the undersigned or his authorized representative; that said (test and examinate requirements of ANSI <u>B30.5</u> that any deficiencies considered to constitute.  Name and address of Company authorized or accredited organization making	ation) (examination) met in all respects with the e an unsatisfactory condition have been corrected.
Name and Address of authorized person carrying out the test and/or examination: _	
	e: March 28, 2007
Date	: 10000 20,001

Accredited by the US Department of Labor OSHA under CFR 29.1919



### UNITED STATES DEPARTMENT OF LABOR

OCCUPATIONAL SAFETY & HEALTH ADMINISTRATION

www.OSHA.gov

A-Z Index: A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

Search OSHA

GO

Regulations (Standards - 29 CFR)

Determination of crane or derrick safe working loads and limitations in absence of manufacturer's data. - 1919.75

Regulations (Standards - 29 CFR) - Table of Contents

• Part Number:

1919

• Part Title:

**Gear Certification** 

• Subpart:

н

Subpart Title:

Certification of Shore-Based Material Handling Devices

• Standard Number:

1919.75

• Title:

Determination of crane or derrick safe working loads and

limitations in absence of manufacturer's data.

#### 1919.75(a)

In the event neither manufacturer's data nor design data on safe working loads (including any applicable limitations) are obtainable, the safe working load ratings assigned shall be based on the owner's information and warranty that those so assigned are correct. Unit test certificates shall state the basis for any such safe working load assignment.

- Next Standard (1919.76)
- Regulations (Standards 29 CFR) Table of Contents

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Occupational Safety & Health Administrations 200 Constitution Avenue, NW Washington, DC 20210

Serial	#	ACTENIATION	Bosch 0120	488205	
51509	SOFCO ERECTORS, Inc- F	Be	CT NA	PA 25 - V 805	
	SOFCO ENLCTONS, IIIC-1	#i	(1 ) (1 . I	OIL FILTER	
ASSET N	JMBER:	<i>2</i>	3472	FUEL TANK F FUELS & INC.	1270C
ASSET DE	SCRIPTION: Grove RT	740 407	T Cran	12. 3/8 2NC	

DATE	MAINTENANCE PERFORMED	NEXT DUE
5-2-03	OIL + FICTERS	
12-2-03	STARTER & Switch	
8-19-05	oil & Ficters	
	OUT OF TIX.	
11-1-06	Batteries.	: :
1-15-07	oil+ Ficters Changes	
	FUEL TANK MITTER REPLACED	
1-18-07	STARTER REDIKED	i.
3-14-07	Hyd. FILTER, FITER CAP, Top oil OFF	
6-1-07	oil ChanGED (MARK FOSTER)	
12-5-07	oil + Ficters	
2-18-08	3 Fuel FILTERS	
1/-15-08	DILY FILTENS	
7-4-09	Oil + Ficters, Fuel Ficters	
3-6-09	Recable Main Hoist, ANNUA INSPECT	
6-15-09	Bect	
7-29-09	Fuel Ticres, Air Ficter	
7-30-69	NEW ALTERNATOR	
12.30-09	oil+ FILTER	
3-10	NEW MOTOR - INSPECTION DONE -	
4-25-11	INSPECTED	
5/12	INSPETED	-
7/18-13		
3-17-16	oil + 3 Fuel Fizzers,	
	2000 11 1100 2102	8-3-22
<i>:</i>	CURRENT HRS 3183	8-2-66

CERTIFICATE OF UNIT TEST AND/OR EXAMINATION OF CRANE, DERRICK, OR OTHER MATERIAL HANDLING DEVICES

#### SHORE BASED

Material Handling Device Inspection Certificate

Although inspection of this crane is not mandatory under provisions of 29CFR Part 1919, this particular crane conforms with standards as set forth by			CFR	OSHA <u>1926.1412</u> ANSI <u>B30.5</u>			
<u>Init</u>	ial: 10/25/2006	Quad:		<u>Load</u>	Test:	Annual: 05/10/2013	
Ce 1.	10360 \ Cincin	19/05-10-2013 Erectors Wayne Avenue nati, OH 45215 1-1600				Manufacturer: Grove Model #: RT740 Serial #: 51509 Owners ID: 019 Capacity Lbs. 80,000	
2.		ains at work site	☑ Changes work	r (describe) sites Locate	d @ <u>Osborne-Ke</u>	enwood Road, Cincinnati, OH	
3.	Service status at t	time of survey (check	): 🗵 Lifting 🔲	Clamshell	□ Magnet □ ·	Other (describe) <u>N/A</u>	
4.	Boom at time of se	urvey (except bridge	cranes): Length	34'-81' + 32' <u> </u>	Manual Section	Type 3 Section + Base 32' Jib Satoed on Sid	<u>e</u>
5.	Test loads applied	d (cross out if only ex	amination conduc	ted):			
	Radius in Fee	ion of proof load:	Tin Pounds		d in Pounds	Boom Length in Feet	
	Basis for assigned		Manufacturer's R				
6.	Remarks and/or li	mitations imposed:	Owner's User wa	rranty Only			
7.	I confirm that on t	entative; that said 🛄	the above describ	tion, 🗵 exam	nination met in all	examined, 🗵 examined by the undersigned or his respects with the requirements of nave been corrected.	
Na	ame and address of	Company authorized	or accredited org	anization ma	king the test and	or examination: National Crane Inspection, PO Box 9186, Cincinnati, Ohio 4	
		erson carrying out an e organization makin			d/or examination:	Gary W. Lave Gary Lavender, President or other Surveyor Signature:	
					Ι	Date: 5-17-13	

Asking me to overlook a simple safety violation, would be asking me to compromise my entire attitude toward the value of your life.

Accredited by the US Department of Labor OSHA under CFR 29.1919

The device described in this document was found to be in the above condition. It is understood that this inspection does not preclude the necessity to perform frequent and periodic inspections in conjunction with a regular maintenance program in accordance with the manufacturer's specifications and/or the federal, state and local guidelines, as applicable. This inspection does not constitute a guaranty or warranty of the performance of the above equipment.

PO Box 9186 Cincinnati, Ohio 45209 Voice 513-271-8608 Fax 513-271-3439

Date of Inspection:

05/10/2013

PO #:

3908

Attn:

Jerry Brice

Manuf: Model:

Invoice #:

Grove **RT740** 

Client:

**Sofco Erectors** 

Serial #:

54509

Site:

Kenwood, OH

Unit ID:

019

Billing Address: 10360 Wayne Avenue, Cincinnati, OH 45215 Phone #:

513-771-1600

Capacity lbs: 80,000

Fax #:

#### !!!WORD TO WARN OF POTENTIAL HAZARDS LISTED BELOW!!!

Deficiencies must be repaired and are mandatory.

D1. None noted.

Recommendations would be wise to monitor, repair or replace, however are not mandatory.

- Fire extinguisher in cab needs up to date tag. The fire extinguisher on right side of crane compartment is R1. okay. Need a fire extinguisher tag at compartment.
- Glass at top needs replaced. Service was to be performed today but due to weather conditions will be done R2. next week instead. Note - crane shall not be operated in a lifting service until repaired - if not repaired crane will become deficient by the standard.
- Load block on front of crane is going to be removed today to the shop needs repaired. If load block is not R3. removed crane will be deficient.
- Monitor ride side front and rear tires starting to how dry rotted areas replace when necessary. R4.
- It has a small air leak, could not locate check air pressure before moving crane. Proceed with caution. R5.

#### Comments:

For complete details of inspection see enclosed copy of check-off list.

The above recommendations, while not mandatory, need to be addressed. Please be aware that if these items are not taken care of, OSHA can issue a citation for them under the 5A1 General Duty Clause.

Respectfully submitted.

Gary Lavender, Chief Inspector

(or other Surveyor)

GWL/ael

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47497

TOWING AND EQUIPMENT MOVING (513) 777-6622 P.O. BOX 1873

No 151418

West Chester, Ohio 45071-1873

DATE 9-0 6 DRIVER NO.	UNIT (	REQUESTED	BY	ATTN:
LOCATION OF EQUIPMENT	LO AL	ne A	re (	Ciner Of
YEAR MAKEMODELIC	OLOR Cra	n-e	EQUIPME	ENTNO.
DRIVER OR OPERATOR			TRAILER	NO.
VIN OR LICENSE NO.	PHONE		R.O.	
BILL TO SOFCO E	rectors		P.O.	
ADDRESS CITY	STATE	ZIP	CASH	CHARGE
BEG Eouthe	+ 1951	Drye	len R	and Doute
MOVING CHARGES	☐ Tire Ser	vice		MILEAGE
Oversized Load				End
☐ Carrier Service	Total			
☐ Truck Tow				Rate
☐ Recovery				
YOTE Grove Crane. EQUIPMENT MOVE CHARGE TOWING				
-		CHA	/IÑG RGE	
_	M - 00 16	HOU CHA	RLY RGE	
U	3,-00/5	PER CHA	MIT RGE	50.00
RECEIVED		REC	OVERY RGE	
AUG 1 1 2006	( )	FUE SUR	L CHARGE	25.00
SOFCO ERECTORS, INC.	(0)	SALI TAX	ES /	
AUTHORIZED SIGNATURE		тотл	AL Q-	15.00

TERMS: NET 15 DAYS A Finance Charge Of 1.5% Per Month (18% Annual Percentage Rate) Will be Charged On All Accounts Which Become 30 Days Past Due.

*ं*रत्यक्षक्र**मञ्जानसम्बद्धानसम्यसम्बद्धानसम्बद** 

CERTIFICATE OF UNIT TEST AND/OR EXAMINATION
OF CRANE, DERRICK, OR OTHER MATERIAL HANDLING DEVICES

#### **SHORE BASED**

Material Handling Device Inspection Certificate

	Although inspection of this crane is not mandatory under provisions of 29CFR Part 1919, this particular crane conforms with standards as set forth by	OSHA <u>1926.550</u> ANSI <u>B30.5</u>
nit	nitial: 10/25/2006 Quad:	<u>Annual: 5/11/2012</u>
Cei	Certificate No. DTD/019/5-11-12  Owners: Sofco Erectors 10360 Wayne Avenue Cincinnati, OH 45215 (513) 771-1600	Manufacturer: Grove Model #: RT740 Serial #: 51509 Owners ID: 019 Capacity Lbs. 80,000
)	2. Description (check): ☑ Crane ☐ Derrick ☐ Other (describe) N/A	
••	Location: Remains at work site  Changes work sites Located @ Western	Row & Cintas Avenue
	If crane, type (truck, rail, etc.): Rough Terrain If derrick describe: N/A	
3.	B. Service status at time of survey (check): ☑ Lifting ☐ Clamshell ☐ Magnet	Other (describe) N/A
١.	4. Boom at time of survey (except bridge cranes): Length 34' - 81' + 32' Manual Section	ion Type <u>3 Section + Base</u> 32' Jib Ext. Stowed on Side
5.	5. Test loads applied (cross out if only examination conducted):	32 3ID EXt. Stowed on Side
	Radius in Feet Proof Load in Pounds Rated Load in Pounds	Boom Length in Feet
	Means of application of proof load:  Basis for assigned load ratings:  M/A  Manufacturer's Rated Design	
6.	6. Remarks and/or limitations imposed: Owner's User Warranty Only	
7.	7. Load indicating or limiting device (check): 🗵 Fitted 👤 Not Fitted 💆 Accuracy	
	I confirm that on the <u>11</u> of <u>May</u> , <u>2012</u> , the above described device was <u>u</u> tested an	nd examined, 🗵 examined by the undersigned or his
	authorized representative; that said $\square$ test and examination, $\square$ examination met in ANSI B30.5 that any deficiencies considered to constitute an unsatisfactory condition	
Va	Name and address of Company authorized or accredited organization making the test ar	nd or examination: National Crane Inspection, LLC PO Box 9186, Cincinnati, Ohio 45209
	Name of authorized person carrying out and/or overseeing the test and/or examination: Fitle of signatory in the organization making and/or overseeing the test and/or examination	on: Dennis Davidson  Gary Lavender, President/Surveyor/amw  Signature: MM 17, 3 012
	Asking me to overlook a simple safety violation, would be asking me to comprom	ise my entire attitude toward the value of your life.

Accredited by the US Department of Labor OSHA under CFR 29.1919

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PO Box 9186 Cincinnati, Ohio 45209 Phone: 513-271-8608 Fax: 513-271-3439 www.nationalcraneinsp.com

Sofco Erectors John Hesford 10360 Wayne Avenue Cincinnati, OH 45215



"Don't Get Yourself Caught In A Trap, Have Your Crane Inspected Today!!

Good Day! I was going through my notes and noticed that your unit(s) are coming or past DUE for inspection. Your annual certification will expire on 05/11/2013.

Manufacture

Grove

Shuttle Lift

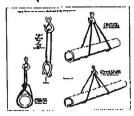
019 5/7//3 Deck Crane 01

We will need an operator on site and access to hard to reach areas. The unit(s) need to be cleaned before we arrive so we can perform a complete inspection at rotating bed/turntable, boom gantry, and other major components that are hard to reach and/or see areas. Also, cranes need to be operable so a proper inspection may be completed on moving parts.

National Crane Inspection, LLC. is a nationwide company and a proven resource that is equipped to perform and take responsibility for its work. Our inspectors are highly trained with many years of experience. We offer convenient, fast, and knowledgeable help for all your material handling needs. You can call us at the number provided above to schedule your inspection.

We are currently offering Hang Signal and Basic Rigging classes to meet the new OSHA Standards. We also offer inspections of slings & hardware, chain falls, and come-a-longs, along with pull tests on request.







We look forward to serving your company again this year!

Sincerely,

Gary W. Lavender Chief Surveyor

> Asking me to overlook a simple safety violation, would be asking me to compromise my entire attitude toward the value of your life!!!

Voice 513-271-8608

Client's Representative:

Cincinnati, Ohio 45209 Fax 513-271-3439

PO#	Bill To:
Client: SOF CO Enectors	Company: Sof co Enector
Site: Osboron & Kennood Road	Address: 10360 WAYNE Ave
Address:	City: Comman State: Ok Zip: 45217
City: Lenwood State: Zip:	the second of th
Contact: Levy Brice	Manuf: 6 your
Phone# (45   3) 7   - 1600	Model # (27 740
Fax#	Serial # SH STA
Typed Report will follow within 14 days	Unit ID #
Inspection: PASSED FAILED	Capacity Lbs: 80,000
Deficiencies/Recom	mendations/Comments:
!!! WORD TO WARN OF POTE	NTIAL HAZARDS LISTED BELOW!!!
	en out of service until all deficiencies have been corrected.*
	, heed up Date Tag.
But other Fire Extraguish	the state of the s
Comportant to Okaza New	ed a Ful Extraghillus Location
Tag at Compatimit.	
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Note Change State tool 120	
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3 Log of Block on Fared For	int at Crame is some to be
and stock of the to t	he shop. It held's reaguel
TE LOS JORIANIE	Does not be summind Chamb
Comments will be Ded	in te i ent
4 MONIFOR GIGHT Side FAMILE	Rega Try Starting Show, Dry 120 Head. Hapladwin
2-4 Dit have small an leak	. Could not to cared their
Dir Pressure Before moving	France. Proceed with Courtion.
document was found to be in the above condition on the date will not occur or that the condition of the unit will continue to is also understood that this inspection does not preclude the na regular maintenance program in accordance with the manuf	eets manufacturers specification.  agrees that certification of this unit reflects the device described in this of this inspection and does not serve as a guarantee either that accidents a meet the certification criteria at any time after the date of inspection. It necessity to perform frequent and periodic inspections in conjunction with facturer's specifications and/or federal, state and local guidelines, as warranty or a warranty of the performance of the above equipment.
Inspected by:	Date:
Mary Mary Mary Mary Mary Mary Mary Mary	5/10/2018

Voice 513-271-8608

Client's Representative:

Cincinnati, Ohio 45209

Fax 513-271-3439

PO#	Bill To:
Client: Social	Company: Sorco Electores
Site: Little Ty WAY CRISING	Address: 18360 WAYNE AVE,
Address:	City: State: DH Zip: 450215
City: State: Zip:	
Contact: JERRY BICK	Manuf: Complete to
Phone# 1015-5106	Model # RT740
Fax#	Serial # <u>5/509</u>
Typed Report will follow within 14 days	Unit ID #
Inspection: PASSED FAILED	Capacity Lbs: Popos
Deficiencies/Recon	n m e n d a t i o n s / C o m m e n t s :
!!! WORD TO WARN OF POT	ENTIAL HAZARDS LISTED BELOW!!!
	aken out of service until all deficiencies have been corrected.*
(ID. NO BACK UP ALARM OR C	
	INDER LEAK BIL DNGROUND,
	TAIN TAIN (PRESSURE, VOSSIBLE LEAK IN
	DI THROTTLE, MUST GEARLE TO CONTE
THEOTILE WITH FOOT PEDAL,	
	LEM, WEAK OUT RILLERS, MUST FEARLS
	MAD FOR STABILITY. TOLLOWERYS BROKEN DOLLET SINE, II
	E CABLE, NEEDS REPAIRED ASS, A. P.
	CRANE INSPECTIONS
THE PARTY OF THE P	FRELE INDICATOR DOES NOTWORK, SHOWER.
	DOES NOTWORK
	DOCTOR DOES NOTWORK, AUX HOIST IS STOWED NOW
5) R. W. REL DEEDS POLADE	
DR. TIRE CONDITION 14 MAD. ALL TI	RES DRY ROTTED, DO NOT PICK & CARRY LOADS
DR. BOOM SECTIONS NEED LYBS	$\in \mathcal{O}$ ,
It is the responsibility of the Owner/Leasor that everything r	d agrees that certification of this unit reflects the device described in this
	e of this inspection and does not serve as a guarantee either that accidents
	to meet the certification criteria at any time after the date of inspection. It
7	necessity to perform frequent and periodic inspections in conjunction with
4 //	afacturer's specifications and/or federal, state and local guidelines, as
Inspected by:	r warranty or a warranty of the performance of the above equipment.  Date:
mspecied by.	Date

Voice 513-271-8608

Cincinnati, Ohio 45209

Fax 513-271-3439

PO#	Bill To:
Client: Sorco	Company: SOFCO
Site:	Address: 15 360 WAYNE AVE
Address:	City: State: DH Zip: 45215
City:State: Zip:	
Contact: JERRY BICE	Manuf: Colore
Phone#	Model #
Fax#	Serial # <u>5/589</u>
Typed Report will follow within 14 days	Unit ID #
Inspection: PASSED FAILED	Capacity Lbs:
Deficiencies/Reco	mmendations/Comments:
!!! WORD TO WARN OF PO	TENTIAL HAZARDS LISTED BELOW!!!
	taken out of service until all deficiencies have been corrected.*  400 BOTTOM LEFT SIDE OF BOOM BASS
	om Cylinger FLEVATION TONOT
HIT ENGINE HODD.	,
	OT WORK ON MAIN HOLST.
111111111111111111111111111111111111111	
It is the responsibility of the Owner/Leasor that everything	meets manufacturers specification.
	and agrees that certification of this unit reflects the device described in this
	ate of this inspection and does not serve as a guarantee either that accidents
	e to meet the certification criteria at any time after the date of inspection. It
•	ne necessity to perform frequent and periodic inspections in conjunction with
	nufacturer's specifications and/or federal, state and local guidelines, as or warranty or a warranty of the performance of the above equipment.
Inspected by:	Date: 5-28-2015
Client's Representative:	Diec Date:

CERTIFICATE OF UNIT TEST AND/OR EXAMINATION OF CRANE, DERRICK, OR OTHER MATERIAL HANDLING DEVICES

#### **SHORE BASED**

Material Handling Device Inspection Certificate

			e is not mandatory und ne conforms with stand	der provisions of 29CFR dards as set forth by	OSHA <u>1926.1412</u> ANSI <u>B30.5</u>
<u>lni</u>	tial: 10/25/2	2006	Quad:	Load Test:	Annual: 05/27/2014
Ce	rtificate No. Owners:	Sofco Erectors 10360 Wayne A Cincinnati, OH 513-771-1600	venue		Manufacturer: Grove Model #: RT740 Serial #: 91509 Owners ID: 019 Capacity Lbs. 80,000
2.	Location:	n (check): <u>⊠</u> Co ☐ Remains at w ype (truck, rail, etc describe: <u>N/A</u>		Other (describe) s work sites Located @ <u>Yard</u>	
3. 4.			rvey (check): ☑ Lifting cept bridge cranes): L	g ☐ Clamshell ☐ Magnet Length 34'-81' + 32' Manual Sect	
5.		s applied (cross o	ut if <i>only examination</i> Proof Load in Pounds	,	Boom Length in Feet
6.	Basis for a	application of pro assigned load rati and/or limitations		urer's Rated Design Iser Warranty Only	
7.	I confirm to	hat on the <u>27<sup>th</sup></u> of d representative; t	that said 🖳 test and e	ve described device was 🖳 teste	ed and examined, 💆 examined by the undersigned or his in all respects with the requirements of
Na	me and add	lress of Company	authorized or accredi	ited organization making the test	and or examination: National Crane Inspection, LLC PO Box 9186, Cincinnati, Ohio 4520
	e of signato	ry in the organiza	ation making and/or ov	eeing the test and/or examination verseeing the test and/or examination	Signature:  Date:    Cary Lavender, President or other Surveyor/Incompany   Control of the Surveyor/In
	Asking me	to overlook a sil	mple safety violation,	, would be asking me to compro	omise my entire attitude toward the value of your life.

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#### **SHORE BASED**

Material Handling Device Inspection Certificate

		ection of this crane is not his particular crane confo				OSHA <u>1926.550</u> ANSI <u>B30.5</u>
nit	ial: 10/25/2	006		Quad:		Annual: 4/25/2011
Cei	tificate No.	GWL/GWB-019-4-25-20	011		Manufacture Model #:	RT740
7.00	Owners:	Sofco Erectors 10360 Wayne Avenue Cincinnati, OH 45215 (513) 771-1600			Serial #: Owners ID: Capacity Lb:	51509 019 s. 80,000
<u>.</u> .	-			r (describe) <u>N/A</u>		
	Location:	Remains at work site	Changes work s	sites Located @ <u>Cincinnati,</u>	<u>Ohio</u>	
		/pe (truck, rail, etc.): <u>Rou</u> lescribe: <u>N/A</u>	<u>igh Terrain</u>			
3.	Service st	atus at time of survey (ch	neck): 🔼 Lifting 🔲	Clamshell 🔲 Magnet 🖳	Other (describe) N/A	
١.				4' - 81' + 32' Manual Section		Base Stowed on Side
5.	Test loads	applied (cross out if onl	y examination conduct	ted):		
	Radiu	ıs in Feet Proof I	Load in Pounds	Rated Load in Pounds	Boom Length in	Feet
		application of proof load: assigned load ratings:	: <u>N/A</u> <u>Manufacturer's R</u>	ated Design		
3.	Remarks	and/or limitations impose	ed: Owner's User Wa	rranty Only		
<b>7</b> .	Load indic	cating or limiting device (	check): 🗵 Fitted 🛚 🚨	Not Fitted		es se
	I confirm t	hat on the <u>25</u> of <u>April,</u> <u>20</u>	011, the above describ	oed device was 旦 tested and	examined, 🗵 examin	ed by the undersigned or his
				tion, 🖳 examination met in all e an unsatisfactory condition		uirements of
Va	me and add	lress of Company author	ized or accredited orga	anization making the test and		National Crane Inspection, LLC ox 9186, Cincinnati, Ohio 45209
Na Γitl	me of autho	orized person carrying ou ory in the organization ma	it and/or overseeing th aking and/or overseein	e test and/or examination: g the test and/or examination		ary W. Lavender/Gary W. Burris y Lavender, President/Surveyor
					Signature:	2 Whavendy
		,			Date: May	11, 2011
				# * 0°	0	
	Asking me	e to overlook a simple sa	fety violation, would	be asking me to compromis	e my entire attitude i	oward the value of your life.

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65 E. KINGSTON AVE: -COLUMBUS, OH 43207-2436 (614) 443-6541

Remit To: Columbus Equipment Company P.O. Box 951400 Cleveland, OH 44193

Preview 11/17/11 : 14:11

DOCUMENT	INVOICE	CUSTOMER	DATE	PG
347647		85305	11/17/11	1

**SOLD TO** 

SOFCO ERECTORS, INC. 10360 WAYNE AVE. CINCINNATI OH 45215

SHIP TO

JERRY 615-5106 SOFCO ERECTORS, INC. 10360 WAYNE AVE. CINCINNATI OH 45215

513/771-1600

SHIP VI	Α			F.O.I	в. О				
LOCATION	MAKE	M	ODEL	SERIAL NUMBER	EQUIPMENT	HOURS/METER	SLSM	CUSTOMER P.O.	DATE SHIPPED
003	GV	RT	740	51509			300		10/21/11
ORDER	SHIP	B/O	MFR	PART NUMBER		DESCRIPTION		UNIT PRICE	AMOUNT
				Telephone 513/7 MACHINE KEEPS BI SERVICEMAN WENT SHORTED WIRES TO ASSEMBLY. RETURN SOLENOID. REMOVE STARTER. CHECKED CUSTOMER BROUGHT MOVED CRANE OFF REMOVED PANELS TO CHECK WIRING IN HARNESS. FOUND DE CONTINUED CHECKED SHORT IS CAUSING	COWING THE MODESTITE OF CRANE TO START OF CRANE TO START OF CRANE TO START OF CRANE TO START OF CRANE THE ST	TO GET BO STARTED A JOBSITE WI PER AND RE CONNECTION SHOP TO CO OVED TO THE PART AND SE CIRCUIT. FO TO MAIN FU	ND RECEIVED TO THE PROPERTY OF	ETRACT BOOM JP FUEL SHUT OF ED WITH CUSTOME IN START CIRCUITE REPAIRS. DP. FF SOLENOID WIR RED WIRING IN T BLOWS MAIN CIRCUITE IN ELECTRICAL	R P. ING. HE

ITEMS MARKED (N/R) ARE NOT RETURNABLE. NO RETURNS WITHOUT PRIOR AUTHORIZATION. RETURNED ITEMS ARE SUBJECT TO RESTOCKING CHARGE.

Questions call: 614-443-6541

TOTAL AMOUNT

**COLUMBUS EQUIPMENT COMPANY** 

65 E. KINGSTON AVE. - COLUMBUS, OH 43207-2436 (614) 443-6541

DOCUMENT	INVOICE	CUSTOMER	DATE	PG
347647		85305	11/17/11	1

Preview 11/17/11 : 14:11

CREDIT AMOUNT

SOFCO ERECTORS, INC. 10360 WAYNE AVE. CINCINNATI OH 45215

CREDIT AMOUNT	DUNT TOTAL AMOUNT



65 E. KINGSTON AVE: -COLUMBUS, OH 43207-2436 (614) 443-6541

Remit To: Columbus Equipment Company P.O. Box 951400 Cleveland, OH 44193

Preview 11/17/11 : 14:11

DOCUMENT	INVOICE	CUSTOMER	DATE	PG
347647		85305	11/17/11	2

**SOLD TO** 

SOFCO ERECTORS, INC. 10360 WAYNE AVE. CINCINNATI OH 45215 SHIP TO

JERRY 615-5106 SOFCO ERECTORS, INC. 10360 WAYNE AVE. CINCINNATI OH 45215

513/771-1600

SHIP VIA

F.O.B.

OCATION	MAKE	M	ODEL	SERIAL NUMBER	EQUIPMENT	HOURS/METER	SLSM		CUSTOMER P.O.	DATE SHIPPED
003	GV	RI	740	51509			300			10/21/1
RDER	SHIP	8/0	MFR	PART NUMBER		DESCRIPTION			UNIT PRICE	AMOUNT
				SWIVEL OR HARNES: ELECTRICAL SWIVE: TIGHTENED UP AND BATTERY CABLE ENI AND CHECKED FOER COMPLETED 11-16-	ASSEMBLY. REINSTALLE WIRING IN OPERATION	FOUND LO D IN THE FUSE LIN	OSE C CRANE K. RE	ONE	TIONS. NSTALLED NE CED SHEET M	•
1	1		CN	3800604	KIT, FUEL			*	41623	41623
1	1		GV	7872000181	SWITCH, I			*	42 00	4200
1	1		GV	9828100121	ELECTRIC/	HYDRAULIC		*	5200	5200
2	2		ZZ	ATO30BP	FUSE			*	498	996
3	3		ZZ	JDR78057	CONN			*	264	792
3	3		ZZ	JDR78059	CONN	•		*	136	408
1	1		ZZ	JDRE12364	ELECTRIAL			*	516	516
3	3		ZZ	JN-114-01000	CONNECTOR			*	2 60	780
									CON	rinued

ITEMS MARKED (N/R) ARE NOT RETURNABLE.
NO RETURNS WITHOUT PRIOR AUTHORIZATION.
RETURNED ITEMS ARE SUBJECT TO RESTOCKING CHARGE.

Questions call: 614-443-6541

TOTAL AMOUNT

#### **COLUMBUS EQUIPMENT COMPANY**

65 E. KINGSTON AVE. - COLUMBUS, OH 43207-2436 (614) 443-6541

DOCUMENT	INVOICE	CUSTOMER	DATE	PG
347647		85305	11/17/11	2
	••			

Preview 11/17/11 : 14:11

CREDIT AMOUNT

SOFCO ERECTORS, INC. 10360 WAYNE AVE. CINCINNATI OH 45215

CREDIT AMOUNT	TOTAL AMOUNT



65 E. KINGSTON AVE: -COLUMBUS, OH 43207-2436 (614) 443-6541

Remit To: Columbus Equipment Company P.O. Box 951400 Cleveland, OH 44193

## Preview

11/17/11 : 14:11

DOCUMENT	INVOICE	CUSTOMER	DATE	PG
347647		85305	11/17/11	3

**SOLD TO** 

SOFCO ERECTORS, INC. 10360 WAYNE AVE. CINCINNATI OH 45215 SHIP TO

JERRY 615-5106 SOFCO ERECTORS, INC. 10360 WAYNE AVE. CINCINNATI OH 45215

513/771-1600

**SHIP VIA** 

F.O.B.

LOCATION N	MAKE	MODEL	SERIAL NUMBER	EQUIPMENT	HOURSIMETER	SLSM		CUSTOMER P.O.	DATE SHIPPE	ED
003	GV :	RT740	51509			300			10/21/1	11
ORDER SI	HIP B/C	O MFR	PART NUMBER		DESCRIPTION			UNIT PRICE	AMOUNT	
3	3	1 1	JN-114-01001 TOTAL PARTS	CONNECTOR			*	252	756 55271	
	2		SHIPPING CHARGES SERVICE LABOR MISCELLANEOUS SUI HAMILTON COUNTY OHIO SALES TAX SEGMENT TOTAL	PLIES				940 COI	1880 5,49488 20000 6266 34465 6,67370	3 5 6 5

TEMS MARKED (N/R) ARE NOT RETURNABLE.
NO RETURNS WITHOUT PRIOR AUTHORIZATION.
RETURNED ITEMS ARE SUBJECT TO RESTOCKING CHARGE

CREDIT AMOUNT

TOTAL AMOUNT

Questions call: 614-443-6541

#### **COLUMBUS EQUIPMENT COMPANY**

65 E. KINGSTON AVE. - COLUMBUS, OH 43207-2436 (614) 443-6541

347647 85305 11/17/11 3	DOCUMENT	INVOICE	CUSTOMER	DATE	PG
, , , , , , , , , , , , , , , , , , , ,	347647		85305	11/17/11	3

Preview 11/17/11 : 14:11

SOFCO ERECTORS, INC. 10360 WAYNE AVE. CINCINNATI OH 45215

CREDIT AMOUNT	TOTAL AMOUNT
	1
İ	



65 E. KINGSTON AVE: -COLUMBUS, OH 43207-2436 (614) 443-6541

Remit To: **Columbus Equipment Company** P.O. Box 951400 Cleveland, OH 44193

Preview

DOCUMENT INVOICE CUSTOMER DATE PG 347647A 85305 11/17/11

**SOLD TO** 

SOFCO ERECTORS, INC. 10360 WAYNE AVE. CINCINNATI OH 45215

SHIP TO

JERRY 615-5106 SOFCO ERECTORS, INC. 10360 WAYNE AVE. CINCINNATI OH 45215

513/771-1600

SHIP VIA

F.O.B.

LOCATION MAKE	MODEL	SERIAL NUMBER	EQUIPMENT	HOURS/METER	SLSM		CUSTOMER P.O.		DATE SHIPPED
003 GV	RT740	51509			300				10/21/11
ORDER SHIP	B/O MFF	PART NUMBER		DESCRIPTION		L	UNIT PRICE		AMOUNT
		AREA CHARGE, OSB LEFT BEFORE CREE FIELD LABOR FIELD LABOR FIELD LABOR COMBINED FLAT RA HAMILTON COUNTY OHIO SALES TAX SEGMENT TOTAL TERMS: NET 30 - PAST DUE ARE SUB-	RD. TE TOTAL INVOICES 30	DAYS			AN HWY.	•	THE 540.00 540 2970 57510

ITEMS MARKED (N/R) ARE NOT RETURNABLE. NO RETURNS WITHOUT PRIOR AUTHORIZATION. RETURNED ITEMS ARE SUBJECT TO RESTOCKING CHARGE.

Questions call: 614-443-6541

TOTAL AMOUNT

**COLUMBUS EQUIPMENT COMPANY** 

65 E. KINGSTON AVE. - COLUMBUS, OH 43207-2436 (614) 443-6541

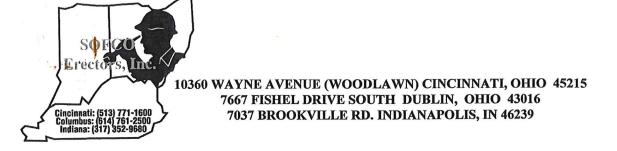
DOCUMENT	INVOICE	CUSTOMER	DATE	PG
347647A	, :	85305	11/17/11	4

Preview 11/17/11 : 14:11

CREDIT AMOUNT

SOFCO ERECTORS, INC. 10360 WAYNE AVE. CINCINNATI OH 45215

CREDIT AMOUNT	TOTAL AMOUNT
	7,24880



May 3, 2011

National Crane Inspection, LLC PO Box 9186 Cincinnati, OH 45209-9186

Invoice # 3104

Manufacturer: Grove

Model # RT740

Serial #51509

**Unit ID #019** 

Deficiency #D1 - none noted

No repairs necessary

Authorized Agent signature:

Please send Certification sheet and decal to:

SOFCO ERECTORS, INC 10360 WAYNE AVE CINCINNATI, OH 45215

PO Box 9186 Cincinnati, Ohio 45209

Voice 513-271-8608 Fax 513-271-3439

Date of Inspection: <u>4/25/2011</u>

PO #:

Invoice #:

**3104** 

Attn: Client: John Hesford

Manuf:

Grove

Sofco Erectors

Model:

**RT740** 

Site:

Shop

Serial #:

51509

Phone #:

Billing Address: 10360 Wayne Avenue, Cincinnati, OH 45215

Unit ID:

019 Capacity lbs: 10 - 80,000

Fax #:

(513) 771-1600 (513) 771-5490

## !!!WORD TO WARN OF POTENTIAL HAZARDS LISTED BELOW!!!

## Deficiencies must be repaired and are mandatory.

### D1. None noted.

Recommendations would be wise to monitor, repair or replace, however are not mandatory.

- R1. All outriggers need cotter keepers and pins. NO REBAR FOR PINS.
- R2. Mark all outriggers when fully extended.
- R3. Fire extinguisher tag has expired.

#### Comments:

For complete details of inspection see enclosed copy of check-off list.

The above recommendations, while not mandatory, need to be addressed. Please be aware that if these items are not taken care of, OSHA can issue a citation for them under the 5A1 General Duty Clause.

Respectfully submitted.

Chief Inspector

GWL/gmd

Asking me to overlook a simple safety violation, would be asking me to compromise my entire attitude toward the value of your life.

Accredited by the US Department of Labor OSHA under CFR 29.1919

The device described in this document was found to be in the above condition. It is understood that this inspection does not preclude the necessity to perform frequent and periodic inspections in conjunction with a regular maintenance program in accordance with the manufacturer's specifications and/or the federal, state and local guidelines, as applicable. This inspection does not guaranty or warranty of the

Voice 513-271-8608

Cincinnati, Ohio 45209

Fax 513-271-3439

PO#	Bill To:
Client: So fco	Company: Sofco
Site: WAShing ton high's charch	Address: 10360 WAYNE AVE
Address:	City: CIN State: 04 Zip: 45215
City: Center Uille State 24 Zip:	
Contact Jim Bandorf Mike House	Manuf: GROVE
Phone# 5/3-771-1600 x 24	Model # <u>R7 740</u>
Fax# 513-771- 5490	Serial # 5/5/0 9
	Unit ID #
Inspection: PASSED FAILED	Capacity Lbs: 80,000
<del>-</del>	mendations/Comments:
	INTIAL HAZARDS LISTED BELOW!!!
RG- RADIZ Hose Real & ALI The Time.  RZ MONITUR TIRES DRINGUISHOR  R8- UP DATE QUE EXTINGUISHOR	Sit sosked. Ger CLOST PADE Muring Liabeles Rollar - Batts missing
A 63-4 0/4 0/0'2)	
document was found to be in the above condition on the date of will not occur or that the condition of the unit will continue to is also understood that this inspection does not preclude the near regular maintenance program in accordance with the manufacture.	agrees that certification of this unit reflects the device described in this of this inspection and does not serve as a guarantee either that accidents meet the certification criteria at any time after the date of inspection. It excessity to perform frequent and periodic inspections in conjunction with acturer's specifications and/or federal, state and local guidelines, as warranty or a warranty of the performance of the above equipment.  Date: $3-9-09$

Voice 513-271-8608

Cincinnati, Ohio 45209

Fax 513-271-3439

PO#	Bill To:
Client: Sofco erectors	Company:
Site: Shop	Address:
Address: 10.360 Wayne Ave,	City:State:Zip:
City: Cincinnati State: 2H Zip: 45215	
Contact: John HESTOID	Manuf: Grove
Phone# 5/3-771-1600	Model # RT740
Fax# 77/- 5490	Serial # 5/509
Typed Report will follow within 14 days	Unit ID #
Inspection: PASSED FAILED	Capacity Lbs: 10-80,600
	nendations/Comments:
	ITIAL HAZARDS LISTED BELOW!!!
	out of service until all deficiencies have been corrected.*
de Befinning	
7-1 all outrissess Needs Coffees	s Keepers and Pins
	ully Extended
R-3 fire extinguisher tag has expli	(P)
1/ 2011	
It is the responsibility of the Owner/Leasor that everything meet	
	rees that certification of this unit reflects the device described in this this inspection and does not serve as a guarantee either that accidents
	neet the certification criteria at any time after the date of inspection. It
	essity to perform frequent and periodic inspections in conjunction with
a regular maintenance program in accordance with the manufact	turer's specifications and/or federal, state and local guidelines, as
	arranty or a warranty of the performance of the above equipment.
Inspected by	May Rustin Date: 11 2310011
the said	4/25/11

CERTIFICATE OF UNIT TEST AND/OR EXAMINATION

OF CRANE, DERRICK, OR OTHER MATERIAL HANDLING DEVICES

SHORE BASED

Material Handling Device Inspection Certificate

Although inspection of this crane is not mandatory under provisions of	29CFR <b>OSHA</b> <u>1926.550</u>	
Part 1919, this particular crane conforms with standards as set forth b	oy. ANSI <u>B30.5</u> Annual 3-24-10	
Initial 10-25-06	Annual <u>3-24-10</u>	
Certificate No. <b>BCH-019-03.24.10</b>	Manufacturer: Grove	
DC11-017-03.24.10	Model #RT740	
	Serial #	
	Owner's ID	
	Capacity Lbs 80,000	
1. Owners: Sofco Erectors, 10360 Wayne Ave, Cincinn	nati, OH 45215 PH# 513-771-1600	
2. Description (check): Crane X Derrick Other (describe) _		
Location: (a) Remains at worksite (b) changes work sites X	Located @ Cincinnati, OH	
If crane, type (truck, rail, etc.) Rough Terrain		
If derrick, describe:		
3. Service status at time of survey (check): Lifting X Clamshell	Magnet	
Other, describe:		
4. Boom at time of survey (except bridge cranes) Length34' - 81'	Type Hydraulic	
5. Test loads applied (cross out if only examination conducted):		
Radius in Feet Proof Loads in Pounds	Rated Loads in Pounds Bo	om Length
_ / _ /	<u>-</u>	- /
	<u>-</u> /	<u>-</u> /
	/-	/_
<u> </u>		
Means of application of proof load: N/A		
Basis for assigned load ratings: Manufacturer's Rated Design		
6. Remarks and/or limitations imposed: Owner's User Warranty Only	<b>y</b>	
7. Load indicating or limiting device (check): Fitted $\underline{X}$ Not Fitt	ted Accuracy	
I confirm that on <u>March 24, 2010 at 9:00am</u> , the above the undersigned or his authorized representative; that said (to requirements of <u>ANSI B30.5</u> that any deficiencies considered	est and examination) (examination) met in all respects v	vith the
Name and address of Company authorized or accredited organization	making the test and or examination: National Crane	Inspection, LLC
	PO Box 9186, Cincinna	ati, Ohio 45209
Name of authorized person carrying out and/or overseeing the test and	d/or examination: Barry Hohmeister and/or Ga	ry W. Lavender
Title of signatory in the organization making and/or overseeing the tes	Signature:  One of the stand of the stand of the stand of the stand of the standard of the sta	lent/Surveyor

Asking me to overlook a simple safety violation would be asking me to compromise my entire attitude toward the value of your life.

#### Accredited by the US Department of Labor OSHA under CFR 29.1919

The device described in this document was found to be in the above condition. It is understood that this inspection does not preclude the necessity to perform frequent and periodic inspections in conjunction with a regular maintenance program in accordance with the manufacturer's specifications and/or the federal, state and local guidelines, as applicable. This inspection does not constitute a guaranty or warranty of the performance of the above equipment.

PO Box 9186

Voice 513-271-8608

Cincinnati, Ohio 45209

Fax 513-271-3439

PO#

Invoice #

2734

Attn:

John Hesford

Client: Site:

Sofco Erectors 10360 Wayne Ave

Billing Add: 10360 Wayne Ave Cincinnati, OH 45215

Phone#

March 24, 2010

513-771-1600

Fax# Cell#

513-771-5490 513-615-5092 Manuf:

Grove

Model: Serial #: **RT740** 51509

Unit ID:

019

Capacity lbs:

80,000

#### !!! WORD TO WARN OF POTENTIAL HAZARDS LISTED BELOW!!!

Deficiencies must be repaired or replaced and are mandatory.

D 1. None Noted.

**Recommendations** would be wise to monitor, repair or replace, however are **not** mandatory.

- R 1. Repair bent jib bracket.
- Repair bent outrigger float pads. R 2.
- R 3. Install back up alarm.

#### Comments:

The above recommendations, while not mandatory, need to be addressed. Please be aware that if these items are not taken care of, OSHA can issue a citation for them under the 5A1 General Duty Clause.

Respectfully submitted,

Gary Lavender Chief Inspector

GWL/bls

Asking me to overlook a simple safety violation would be asking me to compromise my entire attitude toward the value of your life.

### Accredited by the US Department of Labor OSHA under CFR 29.1919

The device described in this document was found to be in the above condition. It is understood that this inspection does not preclude the necessity to perform frequent and periodic inspections in conjunction with a regular maintenance program in accordance with the manufacturer's specifications and/or the federal, state and local guidelines, as applicable. This inspection does not constitute a guaranty or warranty of the performance of the above equipment.

PO Box 9186

Voice 513-271-8608

Cincinnati, Ohio 45209

Fax 513-271-3439

PO#

March 24, 2010

Invoice #

2734

Attn:

John Hesford

Manuf:

Shuttle Lift

Client:

Sofco Erectors

Model:

5550RT

Site:

10360 Wayne Ave

Serial #:

10491297

Billing Add:

10360 Wayne Ave Cincinnati, OH 45215 Unit ID:

N/A

Phone#

513-771-1600

Capacity lbs:

30,000

Fax# Cell#

513-771-5490 513-615-5092

## !!! WORD TO WARN OF POTENTIAL HAZARDS LISTED BELOW!!!

Deficiencies must be repaired or replaced and are mandatory.

D 1. None Noted.

Recommendations would be wise to monitor, repair or replace, however are not mandatory.

R 1. Repair horn.

R 2. Monitor wire rope, has several bends.

R 3. Install battery hold down.

#### Comments:

• The above recommendations, while not mandatory, need to be addressed. Please be aware that if these items are not taken care of, OSHA can issue a citation for them under the 5A1 General Duty Clause.

Respectfully submitted,

Gary Lavender Chief Inspector

GWL/bls

Asking me to overlook a simple safety violation would be asking me to compromise my entire attitude toward the value of your life.

Accredited by the US Department of Labor OSHA under CFR 29.1919

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Voice 513-271-8608

Cell 513-615-5092

Cincinnati, Ohio 45209 Fax 513-271-3439

PO#	Bill To:				
Client: Dof Co	Company: Sof CO ERECTORS				
Site:	Address: 10360 wayne are				
Address:	City: State: Zip: 45 2 15				
City:Ştate: Zip:					
Contact: John Hestord-	Manuf: Shuttle LIET				
Phone# [13 -77 1- 1600	Model # 3530 RT				
Fax# 513-771-3490	Serial # / 0 49 1 2 9 7				
Typed Report will follow within 14 days  Unit ID #					
Inspection: PASSED FAILED	Capacity Lbs: 30,000				
	mmendations/Comments:				
	TENTIAL HAZARDS LISTED BELOW!!!				
*If there are any Deliciencies this unit shall be	taken out of service until all deficiencies have been corrected.*				
R-1- RIPAIR HORN					
F. KILAITE PIONETO					
R-2- MONITOR WIRE	Rope HAS SeveRAL Bends				
R-3- INSTALL BATTERY	11.1 x Daniel				
12-3- MOSTALL BATTERY	MOCO DOCT				
	\$0				
- 1 · 1 · .					
	C. Alaman and C. Alaman				
It is the responsibility of the Owner/Leasor that everythin	and agrees that certification of this unit reflects the device described in this				
As of 124724 work of the above condition on the	date of this inspection and does not serve as a guarantee either that accidents				
will not occur or that the condition of the unit will contin	nue to meet the certification criteria at any time after the date of inspection. It				
is also understood that this inspection does not preclude	the necessity to perform frequent and periodic inspections in conjunction with				
a regular maintenance program in accordance with the m	anufacturer's specifications and/or federal, state and local guidelines, as				
	by or warranty or a warranty of the performance of the above equipment.				
Inspected by: Dan ( Idans	Date: 3 /27/ 70/0				
12	3/24/2010				
Client's Representative:	Date:				

Voice 513-271-8608

Cincinnati, Ohio 45209 Fax 513-271-3439

PO#	Bill To:
Client: JAMA	Company: 50 fco EREGORS
Site:	Address: 10360 WAYNE AVE
Address:	City: CIW State: Zip: 45215
City:State:Zip:	
Contact: John Hesford.	Manuf: Grove
Phone# <u>50-771-1600</u>	Model # <u>R7 740</u>
Fax# 313-771-3490	Serial # 5/50 9
Typed Report will follow within 14 days	Unit ID #
Inspection: PASSED FAILED	1
Deficiencies/Reco	mmendations/Comments:
!!! WORD TO WARN OF PO	TENTIAL HAZARDS LISTED BELOW!!!
*If there are any Deficiencies this unit shall be	taken out of service until all deficiencies have been corrected.*
K-+ REPAIR ISENT S	IB BRACKET
RA- Repair Bent out	RIbber FLOAT PAUS
1-3 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	sken seestle the
Day Charall Dak	0 11 10 40
R-B- FNSTALL BACK U	F ALVARON MARIE
It is the responsibility of the Owner/Leasor that everythin	g meets manufacturers specification.
As of 3/24/10 @ 9:00 am/pm Customer understands	and agrees that certification of this unit reflects the device described in this
document was found to be in the above condition on the	date of this inspection and does not serve as a guarantee either that accidents
will not occur or that the condition of the unit will continu	ue to meet the certification criteria at any time after the date of inspection. It
is also understood that this inspection does not preclude t	he necessity to perform frequent and periodic inspections in conjunction with anufacturer's specifications and/or federal, state and local guidelines, as
a regular maintenance program in accordance with the in-	y or warranty or a warranty of the performance of the above equipment.
Inspected by: Dany C Hohm	Date: 3/24/2013
1 ()	7 - 1 / /
Client's Representative: Annual Be	Date: 2/24/2010
	/

CERTIFICATE OF UNIT TEST AND/OR EXAMINATION OF CRANE, DERRICK, OR OTHER MATERIAL HANDLING DEVICES

## SHORE BASED

Material Handling Device Inspection Certificate

This pa	rticular crane conforms	with standards as set forth by 29CFR	OSHA <u>1926.550</u>	
Traitical	10 25 06	Quad	<b>ANSI</b> <u>B30.5</u> <b>Annual</b> 3-09-09	
muai	10-25-06	Quau	Amuai 5-05-05	
C-4:6	4- No. DCII 010	3 0 00	Manufacturer: Grove	
Certii	icate No. <u>BCH-019</u>	-3-9-09	Model # <u>RT 740</u>	
			Serial # <u>51509</u>	
			Owner's ID <u>019</u>	
			Capacity Lbs <u>80,000</u>	
1. Ow	ners: <u>Sofco 10360V</u>	Vayne Ave. Cincinnati, OH 45215	Phone #513-771-1600 x24	
2. Des	cription (check): Crane	X Derrick Other (describe) _		
Loc	ation: (a) Remains at v	work site (b) changes work sites X	Located @ Cincinnati, Ohio	
If cran	e, type (truck, rail, etc.)	Rough Terrian		
If de	errick, describe:			
3. Serv	vice status at time of sur	vey (check): Lifting X Clamshell I	Magnet	
Oth	er, describe:			
4. Boo	m at time of survey (exc	ept bridge cranes) Length 34' - 81' Type 1	<u>Hydraulic</u>	
5. Test	loads applied (cross ou	t if only examination conducted):		
1	Radius in Feet	<b>Proof Loads in Pounds</b>	Rated Loads in Pounds	Boom Length in Feet
	_ /	_ /	<u>-</u>	- /
/	-	/ [		
				_
Mea	ans of application of pro	of load: N/A		
Bas	is for assigned load ratin	ngs: Manufacturer's Rated Des	sign	
6. Ren	narks and/or limitation	s imposed: Owner's User Warranty C	Only	
7. Loa	d indicating or limiting	device (check): Fitted X Not Fitted	Accuracy 1%	
	I confirm th	at on March 3, 2008, the above described	device was (tested and examined) (ex	comined) by the
	undersigned or l	nis authorized representative; that said (test	t and examination) (examination) met in	all respects with
	the requirements of A	NSI <u>B 30.5</u> that any deficiencies consider	red to constitute an unsatisfactory condition	on have been corrected,
Name	e and address of Compar	ny authorized or accredited organization ma	aking the test and or examination: Nation	onal Crane Inspection, LLC
			PO Box 91	86, Cincinnati, Ohio 45209
Nan	ne of authorized person	carrying out and/or overseeing the test an	d/or examination: Barry Hohmeister an	d/or Gary W. Lavender
Titl	e of signatory in the orga	anization making and/or overseeing the test	and/or examination: Gary	Lavender, President/Surveyor
			col and less	Louendy
			Signature:	mondy
			Date: Was M	, 11,2009

### Accredited by the US Department of Labor OSHA under CFR 29.1919

The device described in this document was found to be in the above condition. It is understood that this inspection does not preclude the necessity to perform frequent and periodic inspections in conjunction with a regular maintenance program in accordance with the manufacturer's specifications and/or the federal, state and local guidelines, as applicable. This inspection does not constitute a guaranty or warranty of the performance of the above equipment.

PO Box 9186

Voice 513-271-8608

Cincinnati, Ohio 45209

Fax 513-271-3439

PO#

Sofco

Invoice #

2433

Attn:

Jim Forndorf

Client:

Sofco Erectors

Site:

Washington Heights Church

Centerville, Ohio

Billing Add: 10360 Wayne Avenue

Phone#

Cincinnati, OH 45215 513-771-1600 X24

Fax#

513-771-5490

Manuf:

Grove

Model:

**RT 740** 

Serial #:

51509

Unit ID:

019

Capacity lbs: 80,000

!!! WORD TO WARN OF POTENTIAL HAZARDS LISTED BELOW!!!

Deficiencies must be repaired or replaced and are mandatory.

D 1.

**Recommendations** would be wise to monitor, repair or replace, however are **not** mandatory.

- R 1. Install back up alarm
- Pressure wash deck- it is oil soaked R 2.
- Repair bent outrigger float pads R 3.
- R 4. Post outrigger warning labels
- R 5. Repair front drum roller-bolts are missing
- Repair hose reel at boom base- it is not spooling all the time R 6.
- R 7. Monitor tires, they are dry rotting and have cracks- **DO NOT PICK & CARRY**.
- Update fire extinguisher service tag. (2006) R 8.
- Repair water temp & oil temp. gauges. R 9.

#### Comments:

The above recommendations, while not mandatory, need to be addressed. Please be aware that if these items are not taken care of OSHA can issue a citation for them under the 5A1 General Duty Clause. Respectfully submitted,

Gary Lavender **Chief Inspector** 

GWL/sms

Accredited by the US Department of Labor OSHA under CFR 29.1919

The device described in this document was found to be in the above condition. It is understood that this inspection does not preclude the necessity to perform frequent and periodic inspections in conjunction with a regular maintenance program in accordance with the manufacturer's specifications and/or the federal, state and local guidelines, as applicable. This inspection does not constitute a guaranty or warranty of the performance of the above equipment.

## Columbus Equipment Company 11512 Gondola Street

11512 Gondola Street Cincinnati, OH 45241 Phone: 513-771-3922

Fax: 513-771-1377

## **Fax**

To: Jerry BicE	From: JEAF JOHNSON
Fax: 771-1590	Date: 3-5-09
Phone: 5490	Pages: / `/()
Re: RT 740	CC:
☐ Urgent ☐ For Review ☐ Please Comm	nent ☐ Please Reply ☐ Please Recycle
•Comments:	
Items that NEED repaired front Axle retaining bolt	s \$410 Labor \$57 ports
Hoist cable	\$ 310 Labor \$ 2100 parts (Grove)
Repair LMI System	\$410 to diagnose + parts (?)
Hook ball NEEDS I.D. TA	6. Ball was not supplied on
CHANE. WE CANNOT get	I.D. TAG from GrovE.
Crave has to have Operat	<i>^</i>

#### **+PERIODIC INSPECTION** Columbus Equipment Company

#### HYDRAULIC CRANE

Date: 3-2-09

Customer: Sofco Electors

Customer Equip No.: Model: RT740

Hour Meter: 1056

Inspector: Cheis Kemp

Person Contacted:

John Hestord

S = Satisfactory

A = Adjustment Made

R = Repair Needed

SECTION	CODE	ITEM TO BE INSPECTED	S	A	R
I. Ground Level	I-1	Wheel lugs and nuts – show looseness or missing	1.		
	I-2	Tire Condition – Tread wear or damage	1/		
	I-3	Wheel rims – cracked or bent	<b>V</b>		
·	I-4	Axles a) Mount bolts tight b) Seals leaking c) Cracks	1	Di .	:
	I-5	Axle Lock - Out  a) cylinders leaking b) functioning properly	/		
	I-6	Steering a) stop adjustment b) steering cylinder leaking c) linkage tight			/
	I-7	Windshield & Cab glass a) cracked b) distorted	1		
	I-8	All decals legible and is good condition (see decal list on separate sheet)	V		
	I-9	Hook Block a) serial number tag S/N: b) block marked with weight (may be on S/N tag) c) safety latch d) hook cracked e) hook twisted f) hook deep gouges or nicks g) side plate bolts tight	W/A		

Page 1 of 9		<i>y</i> ,
Distribution:	CC: Customer	CC: Company

SECTION	CODE	ITEM TO BE INSPECTED	SA	A	R
		i) sheave bearings loose or rough	-		<del>                                     </del>
			-		┼─┈
I. Ground Level	I-10	Ball & Hook	+		<del>                                     </del>
		a) serial number tag S/N	//		\
•		b) safety latch	1/		
		c) hook – cracked	11/		
		d) hook - twisted	1/		
	Ì	e) hook-deep gouges or nicks			
	T 11	f) end fitting, becket (cable dead ended correctly)	V		
	I-11	Wiring			
	I-12	a) condition of wiring along frame and around engine     Lights and Markers	V		<u>  .</u>
	1-12	a) working order			
		b) broken lenses	1 1		V
	I-13	Rear View Mirrors			
	I-14	<u>L</u>	V		
		Sheet Metal – Loose Fasteners, Missing Bolts	V		
	I-15	Muffler and Exhaust Pipe Condition and Connection			
	I-16	Outrigger Pads and Mounting			<b></b>
	I-17	Outrigger Boxes	1		<del> </del>
		a) cracked welds			
· · · · · · · · · · · · · · · · · · ·	<u> </u>	b) missing pin keepers or retainers			
	I-18	Boom angle indicator			<b>(2)</b>
	I-19	Anti - Two Block Device	+ -		1
	1	a) damage to switch or wiring			
		b) weight and chain	V		100
	<u> </u>	c) cable reel and connectors			
	I-20	Swingaway			
		a) damaged or bent			
		b) mounting holes not egg shaped or torn c) mounting pins (proper pins with keepers or coffer pins)	V		
		<ul> <li>c) mounting pins (proper pins with keepers or cotter pins)</li> <li>d) sheave in good condition</li> </ul>			
	I-21	Jib	<del>                                     </del>		
	1-21	a) not damaged or bent		i	
		b) support cables in good condition (with proper pins and keepers)	NA		
	]	c) sheave in good condition	[ "' ]		
	I-22	Drivelines' (damaged, bent, universal joints loose)	<del> </del>		
		a) engine to transmission			
		b) transmission to axle		ĺ	
		1) front			,
		2) rear			
	I-23	Center Swivel - checks for leaks			
	I-24	Swing Gearbox	†		
	[	a) oil level at correct level			
	İ	b) mounting bolts show looseness	V	1	
		c) swing motor or fittings leaking			
	T 0.5	d) swing motor mounting bolts tight			-
	I-25	Inspect Frame for Cracks	V		F
	I-26	Inspect Batteries			
		Inspect Mounting Bolts	- /		
		a) Engine	1, X		
		b) Transmission		i	

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Distribution:	CC: Customer	CC: Company

SECTION	CODE	ITEM TO BE INSPECTED	S	A	R
I. Ground Level	I-28	Inspect Boom for Cracks			<u> </u>
		a) pivot pin boss		X .	
	1	b) lift cylinder pin bosses	./		
	.	c) boom base section	V		
		d) check boom alignment			Į
		e) check boom extension and retraction cable adjustment		١.	
	I-29	Inspect Boom Wear Pads	-/	:/	
	I-30	Rotating Base	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	V	
	1 30	a) check area where circle is welded to the base (is welded on to deck plate)		1	
	1	b) check torque of circle bolts	V	}	ŀ
		c) check for looseness of circle bearing READING: SEE Sheet	-		1
	I-31	Engine	<del> </del>	ļ	
		a) oil leaks			V
		b) water leaks	Vr	ĺ	
		c) fan belts and hoses	V	·.	
	ł	d) air intake systems			
	I-32	Hydraulic Control Valves			
	1-52	a) check for leaks around spool			
	}	b) check for leaks at hose fittings and the hose itself			
		c) check for excessive scrubbing or rubbing of hoses			
		d) check for cracks around steel tubes	V		
	,	e) check that all linkage pins have cotter pins installed			
	1	f) check for sticking spools and linkage			
***************************************	I-33	Hydraulic Pumps			·····
	1233	a) Loose Bolts			
		b) Leaks at Pump Sections	1/		
		c) Shaft Seal	٧.		
	I-34	Hydraulic Cylinders			
	1-24	a) Rod Cylinder packing leaks			
		b) Leaks at welded joints			
		c) Scored, nicked, or dented rods	\ \ \		
		d) Dented barrel		J	
		e) Loose rod eyes	1	[	
	I-35	Hydraulic Filter–Remove filter & inspect for metal chips or rubber particles			
			NIA		
	I-36	Inspect sheaves	X	1	
		a) Bearing wear	$ \vee$ $ $	Į	
	T 0.77	b) Sheave wear			
	I-37	Wire Rope			
		a) Unspool entire length of wire rope and inspect for damage or wear	İ		1/
TT C/2 / 3 ft 1 f	TY 4	b) Inspect end termination of both ends of wire rope			• /
II. Start Machine	II-1	Operation and safety manuals in cab	I		./
and Operate					V
	II-2	Fire Extinguisher	1/1		
	II-3	Loadchart in Cab		-+	
		a) Loadchart serial number match serial number of machine	<b>V</b>		
	II-4	Start Engine check Operation of All Gauges	<del>-  </del>		
		a) carrier engine		1	
		b) crane engine	V		
	İ	c) system air pressure if so equipped		İ	

Page 3 of 9		
Distribution:	CC: Customer	CC: Company

SECTION	CODE	ITEM TO BE INSPECTED	S	A	R
	II-5	Listen for Unusual Noises in Engine			
		a) carrier engine	V		
		b) crane engine			
II. Start Machine	II-6	Main Hoist	/	ł :	
and Operate		a) Smooth Operation and Brake Release			
The state of		b) drifts when loaded	V		'
		c) rotation indicator operation	1		
		d) check for leaks	1		
	<b></b>	e) mounting bolts tight			
	II-7	Auxiliary Hoist		l	
		a) smooth operation	N/A		ل ا
		b) drifts when loaded	1º/ <i>H</i>	1	
		c) rotation indicator operation	1		
		d) mounting bolts tight		ļ	
	II-8	Check LMI operation (boom length, angle, radius, load)			$  \sqrt{ }$
		a) Anti – two Block Operation		<u></u>	V
	II-9	Check Relief Valve Operation			
		a) MAIN HOIST ( )			
		b) MAIN HOIST BOOST ( )		/	
		c) AUX HOIST ( )	1. 7	1	
		d) LIFT ( )	1,/		
		e) LIFT BOOST ( )	V		1
		f) MID TELESCOPE ( )			
		g) FLY TELESCOPE ( )			
		h) SWING right ( ) left ( )			
		i) REAR STEER ( )			
		j) OUTRIGGER ( )			
		k) FRONT STEER ( )		ļ	
	П-10	Check Operation of all Controls		1	
	ļ	a) smooth (boom extension, boom lift, hoist, swing, and outriggers)			
		b) sticky (boom extension, boom lift, hoist, swing, outriggers)			
		c) returns to neutral or center position (boom extension, boom lift, hoist,			
		swing, and outriggers)			
		d) swing brake operations		1	
		e) swing lever and lock pin operation			}
		f) swing lock lever operation (360 degree)	V	1	
		g) wipers and blades			
		h) heater and defroster operation			
		i) transmission operation			
		j) service brake operation			
	•	k) parking brake operation			
		1) level indicator in good condition			
		m) level indicator accurate		1	Щ

Page 4 of 9 Distribution: .

INSPECTORS COMMENTS
I-4 Flow ANE MOUNT BOHS /OOSE
I-5 Kight AXE OSCILLATION OUT. EAKING
I-4 LETT REAR STEERING CUI. SEEPING
I-10 NO TAG ON hook BALL
I-12 LIGHTS NOT WORKING
I-23 Swivel @ SEEping
I-37 Broken WIRES I'M MAIN MOIST CABLE
II-7 -No OPERATION OR SAFETY MANUALS
II-8-Boom Angle Indicator AND ADB NOT OPERATIONAL
II-6- CABLE PACKER ROLLER HANGING 100 SE
I-34 TELESCOPE CYLINDER SEEPING
I-32 CONTROL UALVES ARE SEEPING
AUXILIARY hoisT is NOT IN USE AT This TIME BUT ROTATION INDICATOR IS hANG'IN
loose Hose REEL NOT KEEPING TELESCOPE HOSES DULLED TIGHT, SWINGAWAY STOW
BRACKETSON SIDE OF BOOM ARE BENT AND CRACKED : CABR RETAINING DIN BLACKET
ON BOOM NOSE IS CRACKED CAP MISSING ON TORQUE CONVERTOR BREATHER!
TOOSE HOSE PEEL NOT KEEPING TELESCOPE HOSES PULLED TIGHT, SWINGAWAY STOWN BRACKETSON SIDE OF BOOM ARE BENT AND CRACKED CABE RETAINING PIN BLACKET ON BOOM NOSE IS CRACKED CAP MISSING ON TORQUE CONVERTOR BREATHER.  FRAME IS OILY AND DIRTY UNDER MACHINE - HARD TO CHECK FRAME FOR CRACK

CODE	ACTION TAKEN
I-29	ADJUSTED BOOM WEAR PAUS
	·
	\

Page 5 of 9		. Telder	
Distribution:	CC: Customer	•	CC: Company

## GROVE SAFETY – DECAL CHECK LIST

Please be advised that OSHA places the responsibility in the crane owner/user for keeping all of the operating instructions and decals in readable condition and for replacing missing and/or damaged decals as required.

Occupational safety and health administration (OSHA) rules and regulations relative to crane operations specifically cited in subpart "N", title 29, code of federal regulations, part 1926, section 550 (I.E., 29CFR1926.550) state the following:

(A)

General Requirements

(B)

Rated load capacities, and recommended operating speeds, special hazard warnings, or instructions, shall be conspicuously posted on all equipment, instructions or warnings shall be visible to the operator while he is at his control station.

Load Capacity Chart: Operator's and safety manual Fire Extinguisher yes yes yes

no

IT IS RECOMMENDED THAT THE FOLLOWING SAFETY DECALS BE INSTALLED ON EVERY GROVE CRANE:

			QUANTITIES	YES	NO
7-376-005794		hand signals	1	(YES)	NO
7-376-007599		cable wedge	2	YES	<b>NO</b>
7-376-007244		tipping	1	YES	(NO)
7-376-007245		two-blocking	1	YES	(0)
7-376-007243		electrocution	4	(YES)	NO
7-376-007255		training	1	YES	(0)
7-376-007240		crushing	1	YES	( <b>W</b> )
7-376-007256		handling personnel	1	YES	<b>Q</b> (4)
7-376-007375		boom ext/jib	4	(YES)	100
7-376-007446		no riders	2	YES	NO)
7-376-007241		outriggers	4	YES	(NO)
7-376-007443		set-up	4	YES	$\langle \mathfrak{Q} \rangle$
7-376-007213		counterweight	2	YES	(NO)
	Depending on the	(fixed)	•		
7-376-008180	type of	counterweight	2	YES	(NO)
	counterweight	(removable)			
7-376-008527		counterweight	2	YES	(NO)
	<u> </u>	(ext/removable)			$\smile$

NOTE: FOR SPECIFIC QUANTITIES OF DECALS PLEASE REFER TO GROVE PRODUCT SAFETY BULLETIN NO. 95-001 DATED MARCH 29, 1995

MACHINE MODEL:

S/N: 5150 9 HOURMETER: 1056

DATE: 3-4-09

WORK ORDER # 344613

**COMMENTS:** 

Page 6 of 9

<u>Distribution:</u>

CC: Customer

CC: Company

**CUSTOMER SIGNATURE:** 

**TECHNICIAN:** 

## HOOK INSPECTION REPORT FORM

MAKE:

S/N of Block or Ball:

ITEM	MEASUR	MEASUREMENT	
THROAT OPENING WHEN PUT INTO SERVICE			
CURRENT THROAT OPENING	2,5	2.51W.	
		***	
	YES	NØ	
DISTORTION			
TWIST MORE THAN 10%		<del>- /</del> -	
		V /	

#### **COMMENTS:**

SURFACE CONDITION: 9000

LATCH OPERATION: 900D

SHANK AND THREAD AREA: 900

#### WIRE ROPE INSPECTION REPORT

Machine:

Owned by: Sofco

Machine Location: DAYTON, Ohio

Rope Application:

Rope Description:

Date of Inspection: 3-4-09
Manufacturer's Ident. No.:

Applicable Standards

Location on Rope:

Measured Diameter: 3/4"

Broken Wires YES

Excessive Wear: No

In 1 Rope Lay:

(1/3 of outside Wire Diameter)

In 1 Strand of 1 Lay:

**End Attachments** 

Rope Damage:

**Broken Wires:** Corrosion of Rope: **Fitting Condition:** 

Sheave Condition: 0K

Drum Condition: OK

Rope Lay Measurement:

Signature: Chis Kamp

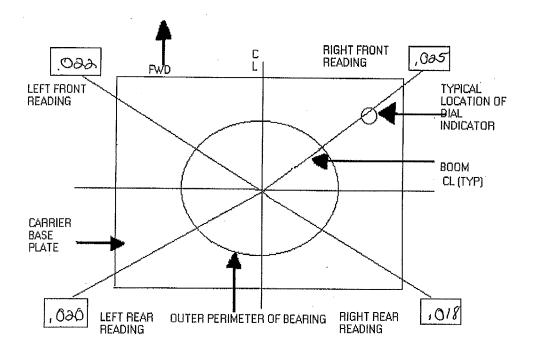
Page 8 of 9

CC: Customer

CC: Company

## SERVICE BULLETIN 90-010 MEASUREMENT OF TURNTABLE BEARING VERTICAL MOVEMENT

GROVE MODEL: RT 740	SERIAL NO. 5/509
TURNTABLE BEARING	boldial ito. Stool
MANUFACTURER	SERIAL NO.
DATE OF INSPECTION:	
	-4-09
DISTRIBUTOR NAME:	PHONE NO.
Columbus Equipment Co	
NAME OF PERSON PERFOR	RMING INSPECTION:
CUSTOMER NAME:	
	ERECTION



Page 9 of 9
Distribution:

CC: Customer

CC: Company

PO Box 9186

Voice 513-271-8608

Cincinnati, Ohio 45209

Fax 513-271-3439

PO#

October 26, 2006

Invoice #

Attn:

Jim Forndorf

Manuf:

Grove

Client:

Sofco Erectors

**RT740** 

Model:

Site:

Colerain Ave & I 275 @ Cincinnati, OH

Serial #:

51509

Billing Add: 10360 Wayne Avenue

Unit ID:

019

Cincinnati, Ohio 45215

Capacity lbs:

80,000

Phone# Fax#

513-771-1600

513-771- 5490

Deficiencies must be repaired or replaced and are mandatory.

D 1. Replace wire rope, crushed in middle of drum in two places and loss of diameter.

Repair bent up ends on outrigger pads, take out ripped metal and keep good ground D 2. bearing pressure under outrigger floats.

D 3. Anti-two block device needs to be operational, it may just need a fuse.

**Recommendations** would be wise to monitor, repair or replace, however are **not** mandatory.

- R 1. Post outrigger warning labels or caution tape at pinch points.
- R 2. Straighten rear outrigger steps.
- R 3. Install updated fire extinguisher service tag.
- R 4. Install seatbelt.
- R 5. Post electrical warning label inside operators cab.
- R 6. Lubricate load block, it has been stored for a year and not in use.
- R 7. Monitor head sheaves at left side of boom, small ding noted.

#### Comments:

- For complete details of inspection see enclosed copy of check-off list.
- The above recommendations, while not mandatory, need to be addressed. Please be aware that if these items are not taken care of OSHA can issue a citation for them under the 5A1 General Duty Clause.

Respectfully submitted,

Gary Lavender Chief Inspector

GWL/ksd

Accredited by the US Department of Labor OSHA under CFR 29.1919

The device described in this document was found to be in the above condition. It is understood that this inspection does not preclude the necessity to perform frequent and periodic inspections in conjunction with a regular maintenance program in accordance with the manufacturer's specifications and/or the federal, state and local guidelines, as applicable. This inspection does not constitute a guaranty or warranty of the performance of the above equipment.

National Crane Inspection, LLC.  Accredited by the US Department of Labor OSHA under CFR 29.1919	
INSPECTED	
OSHA# 19/0.180-1926.550 ANSI# B.30.5	
MFR# Grove	
MODEL# 140 . SERIAL# 5/509	
ID# 019	
NEXT EXAMINATION DUE $10/3007$	
Gary Lavender 513-271-8608	