

# LIFTING CLAMP SURVEY REPORT

Date \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_



Held By \_\_\_\_\_

Safety Director \_\_\_\_\_

Other \_\_\_\_\_

Manufacturer	Model	Cap	Jaw	Serial Number	Location in Plant	Condition**	Comments

\*\* Indicate A, B or X

A = Good Visual Condition    B = Needs Repair Parts    X= Beyond Repair, Discard