NCCCO has established specific safety conditions and guidelines that each practical exam must follow. This Crane Report is a verification tool used to ensure that all testing parameters are within strict, safe working conditions. Before testing is conducted, the crane being used for testing must have its own unique report filled out. This report should be completed in ink, signed by the Examiner, and emailed with the candidate score sheets, applications, and other supporting documentation to: practicals@nccco.org.

Reminder: Each crane used must have a separate report filled out.

**TEST SITE NUMBER**

**DATE**

**NAME OF TEST SITE COORDINATOR**

**NAME OF PRACTICAL EXAMINER**

**CRANE OWNER/COMPANY NAME**

**CRANE OWNER/COMPANY POINT OF CONTACT**

**PHONE NUMBER**

**MAKE & MODEL OF CRANE**

**SERIAL NUMBER**

**MAX. RATED CAPACITY (LB.)**

**MAX. BOOM RADIUS (FT.)**

**IS CRANE EQUIPPED WITH AUXILIARY STABILIZERS?**

**YES**

**NO**

**MAIN STABILIZER SPREAD (FT.)**

**AUXILIARY STABILIZER SPREAD (FT.)**

**TEST SITE LAYOUT USED:**

- ABL (Boom Radius 40 ft. or greater)

**Provide next load chart rating beyond 39 ft.:**

<table>
<thead>
<tr>
<th>BOOM RADIUS (ft.)</th>
<th>CAPACITY (lb.)</th>
<th>MAXIMUM ALLOWABLE LOAD WEIGHT x .75 =</th>
</tr>
</thead>
</table>

**TEST WEIGHT BEING USED (lb.)**

**WEIGHT OF FORK (lb.)**

**WEIGHT OF ROTATOR (lb.)**

100

**GROSS LOAD**

= **LB.**

Note: Gross Load used must be less than Maximum Allowable Load Weight calculated above.

**I attest that this is a true and accurate report of the crane and test weight being used for testing.**

**EXAMINER SIGNATURE**

**PRINTED NAME OF EXAMINER**

**EXAMINER’S ACCREDITATION #**

**DATE**