

LIFTING CLAMP **SURVEY REPORT**

Date: _____
 Company: _____
 Address: _____
 Held By: _____
 Safety Director: _____
 Other: _____

Manufacturer	Model	Cap. (Tons)	Jaw	Serial Number	Location in Plant	Condition**	Comments

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

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