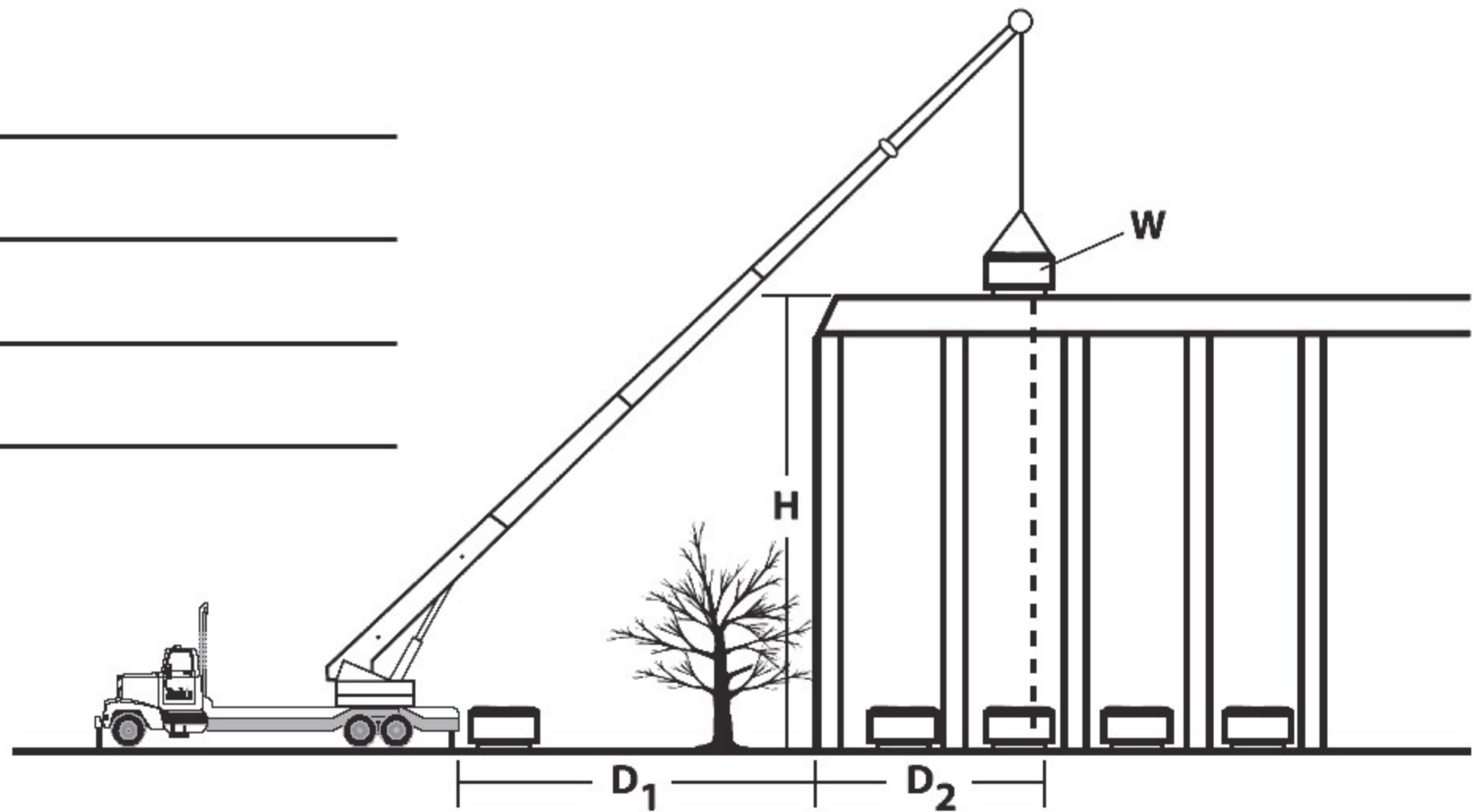


Bob's Crane Service Lift Evaluation Form

CUSTOMER: _____ DATE: _____
 CONTACT: _____ JOB NAME: _____
 PHONE #: _____ JOB ADDRESS: _____
 FAX: _____

PLEASE PROVIDE ALL INFORMATION BELOW:

Distance-1 _____
 Distance-2 _____
 Height _____
 Weight _____



DIMENSIONS:

- W** LOAD WEIGHT
- H** HEIGHT STRUCTURE
- D1** DISTANCE FROM THE REAR OF THE CRANE TO THE FACE OF THE STRUCTURE
- D2** DISTANCE FROM THE FACE OF THE STRUCTURE TO THE CENTER PLACEMENT OF THE LOAD

NOTES:

- 1 OBSERVE ACCESSIBILITY TO THE CRANE SET-UP AREA
- 2 OBSERVE THE SLOPE AND TYPE OF SURFACE THE CRANE WILL SET UP ON
- 3 REPORT OVERHEAD OBSTACLES: POWER LINES, TREES, ETC.
- 4 ALL DISTANCE SHOULD BE ACCURATELY MEASURED WITH TAPE MEASURE

DATE CRANE REQUIRED: _____

TIME: _____