

OVERHEAD LIFTING SURVEY REPORT

Date: _____

Company: _____

Address: _____



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Held By: _____

Safety Director: _____

Other: _____

Manufacturer	Model	Capacity	Serial Number	Location in Plant	Condition**	Comment

****Indicates A, B or X in Condition Column: A= Good Visual Condition B= Needs Repair Parts X= Beyond Repair, Discard**