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 sent with the Site Report to: NCCCO—Testing Services Department, 1960 Bayshore Blvd., Dunedin, FL 34698.

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?
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 40 ft.: BOOM RADIUS (ft.) CAPACITY (lb.)	MAXIMUM ALLOWABLE LOAD WEIGHT
	<b>C.75</b> = LB.
TEST WEIGHT WEIGHT OF FORK WEIGHT BEING USED (lb.) (lb.) ROTATOR	
+ + 100	<b>)</b> = 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