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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **WEIGHT HANDLING EQUIPMENT DEFICIENCY REPORT** | | | | | | | | | |
| **ACTIVITY:** | | | | | | | **DEFICIENCY REPORT NUMBER:** | | |
| **SUBJECT:** | | | | | | | | | |
| **PREPARED BY:** | | | | **PHONE:** | | | | **FAX or EMAIL:** | **DATE:** |
| **APPROVED BY:** | | | | **PHONE:** | | | | **FAX or EMAIL:** | **DATE:** |
| **CRANE OR EQUIPMENT ID:** | | | **MANUFACTURER/YEAR MANUFACTURED:** | | | | | | **SPS CRANE**  **Yes No** |
| **MODEL/SERIAL NUMBER:** | | | | | | **CAPACITY/TYPE:** | | | |
| **RESULTED IN ACCIDENT:** | | | | | **TYPE OF ACCIDENT:** | | | | |
|  |  | **YES**  **NO** | | |
|  |
| **THIS REPORT GENERATED DUE TO:**  **FAILURE/DEFICIENCY OF LOAD BEARING/LOAD CONTROLLING PART/OPERATIONAL SAFETY DEVICE/ DIESEL ENGINE – GENERATOR SET**  **FAILURE/DEFICIENCY OF A SECTION 14 ITEM AFFECTING SAFETY DRAWING/DESIGN DISCREPANCY**  **OTHER FAILURE/DEFICIENCY CONSIDERED SIGNIFICANT** | | | | | | | | | |
| **DESCRIPTION OF DEFICIENCY (INCLUDE MANUFACTURER'S PART NO., FEDERAL STOCK NO., ETC.):**  **PROBABLE CAUSE:**  **CORRECTIVE ACTION TAKEN/RECOMMENDATION:** | | | | | | | | | |
| **FOR NAVY CRANE CENTER USE:** NAVY CRANE CENTER Control Number:  **CSA ISSUED NO ACTION REQUIRED**  **EDM ISSUED MANDATORY CRANE ALT ISSUED  LIMITED SCOPE (ACTIVITIES CONTACTED) SAFETY BRIEF/CRANE CORNER/OTHER PUBLICATION**  **REMARKS (EXPLANATION OF BOX CHECKED ABOVE):** | | | | | | | | | |

Figure 3-1 (1 of 2)



**WEIGHT HANDLING EQUIPMENT DEFICIENCY REPORT INSTRUCTIONS**

This form is designed for fax transmission without a cover page or by e-mail and, with enclosures and signatures, shall be the official document. Electronic submission will be accepted without signatures but the names of the preparer and approver shall be filled in. The e-mail address i[s m\_nfsh\_ncc\_whedr@navy.mil.](mailto:m_nfsh_ncc_whedr@navy.mil) The fax number is (757) 396- 1772.

1. Activity: Enter the Standard Navy Distribution List (SNDL) plain language address (PLA) and unit identification code (UIC) for your activity.
2. Deficiency Report Number: Enter the deficiency report number from your activity in the following format: UIC-FY-0000 i.e., your unit identification code, a dash, the current fiscal year, a dash, and the number of the deficiency report from your activity in sequence (use four digits).
3. Subject: Enter the equipment part/component as applicable.
4. Prepared by: Enter the name and code of the person preparing the report.
5. Phone: Enter the phone number (DSN and commercial) of the person preparing the report.
6. Fax: Enter the fax four-digit extension or e-mail of the person preparing the report.
7. Date: Enter the date the report was prepared.
8. Approved by: Enter the name and code of the person approving the report.
9. Phone: Enter the phone number (DSN and commercial) of the person approving the report.
10. Fax: Enter the fax four-digit extension or e-mail of the person approving the report.
11. Date: Enter the date the report was approved.
12. Crane or Equipment ID: Enter the crane or equipment identification number from your activity numbering system.
13. Manufacturer/Year Manufactured: Enter the crane or other equipment manufacturer and the year made.
14. SPS Crane: SPS as defined by NAVSEA 0989-030-7000.
15. Model/Serial Number: Enter the model and serial number of the affected crane or other equipment.
16. Capacity/Type: Enter the capacity and type of crane or other equipment.
17. Resulted in Accident: Check appropriate box.
18. Type of Accident: List the type of accident if applicable (i.e., personal injury, load collision, crane collision, overload, two blocked, damaged load, derail, dropped load, damaged rigging gear, damaged crane, or other (be specific).
19. This Report Generated Due to: Check appropriate box.
20. Description of Deficiency: Describe the deficiency. Attach photographs or drawings as necessary to convey the condition.
21. Probable Cause: State the probable cause as concluded from your investigation if applicable.
22. Corrective Action Taken/Recommendation: State corrective action(s) taken and your recommendation for Navy Crane Center action.
23. For Navy Crane Center Use: Reserved for Navy Crane Center use.

Figure 3-1 (2 of 2)