

<b>WEIGHT HANDLING EQUIPMENT REPORTABLE DEFICIENCY</b>			
ACTIVITY:		DEFICIENCY REPORT NUMBER:	
SUBJECT:			
PREPARED BY:		PHONE:	FAX or EMAIL:
APPROVED BY:		PHONE:	DATE:
CRANE OR EQUIPMENT ID:	MANUFACTURER/YEAR MANUFACTURED:		SPS CRANE Yes ___ No ___
MODEL/SERIAL NUMBER:		CAPACITY/TYPE:	
RESULTED IN ACCIDENT: <input type="checkbox"/> YES <input type="checkbox"/> NO		TYPE OF ACCIDENT:	
THIS REPORT GENERATED DUE TO:			
<input type="checkbox"/> FAILURE/DEFICIENCY OF LOAD BEARING/LOAD CONTROLLING PART/OPERATIONAL SAFETY DEVICE/ DIESEL ENGINE – GENERATOR SET <input type="checkbox"/> FAILURE/DEFICIENCY OF A SECTION 14 ITEM AFFECTING SAFETY <input type="checkbox"/> DRAWING/DESIGN DISCREPANCY <input type="checkbox"/> 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: _____  <input type="checkbox"/> CSA ISSUED <input type="checkbox"/> NO ACTION REQUIRED <input type="checkbox"/> EDM ISSUED <input type="checkbox"/> MANDATORY CRANE ALT ISSUED <input type="checkbox"/> LIMITED SCOPE (ACTIVITIES CONTACTED)  <input type="checkbox"/> SAFETY BRIEF/OTHER PUBLICATION <input type="checkbox"/> ACQUISITION PROCESS CHANGE  REMARKS (EXPLANATION OF BOX CHECKED ABOVE):			

Figure 3-1