



CERTIFICATE OF UNIT EXAMINATION AND/OR TEST OF CRANE OR OTHER MATERIAL HANDLING DEVICE

Certificate No:

Owner's Identification:

1. OWNER & EMPLOYER: LOCKE CRANE SERVICE

2. OWNER & EMPLOYERS ADDRESS: P.O. Box 219 Raymond, NH 03077

3. DEVICE: CRANE DERRICK OTHER XXX LOCATION: (a) REMAINS AT WORKSITE (b) CHANGES WORKSITE XXX (c) VESSEL If (a) or (c) applies describe:

4. Manufacturer: LOCKE Model: PO-4X6 Serial #: none

5. Description of device: boom tip pinned on self-leveling man-basket

6. Maximum rated capacity: 1,000 lbs / 2 - persons

7. Manufacture date: 03/99 OTHER (describe)

8. Tare weight: 750 lbs TYPE:

9. Test weight: 1,250 lbs TYPE: owner furnished steel plates

10. PROOF TEST LOADS APPLIED (if any)

Table with 7 columns: Boom, Radius, Angle, Hoist, Rated Load, Proof Load, %, Boom Direction. Values: 1,000 lbs, 1,250 lbs

Description of proof load: steel plates

Basis for assigned load ratings: OEM designed ratings

11. Remarks and/or limitations imposed: Visual inspection revealed no deficiencies.

12. I certify that on November 28, 2016 the above device was examined & tested by the undersigned or his authorized representative who in his opinion, said the unit complied with the standards or requirements of: OSHA 1910.180, & 1926.1431 and ANSI B30.5 & ANSI B30.23

Name of authorized person: STEVEN E. MARQUIS Signatory authority: Steven E. Marquis Date: 11.28.16