



MC5: Mast Climber Certificate of On-Site Inspection

File 4 copies / Application must be typewritten

CN Number: _____

Position Number: _____

1	Application Type
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Initial Installation
 Installation for Phase # ____
 Amendment
 Site Safety Project
 Yes
 No

2	Location Information
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Job Number	Address	Lot	BIN
Borough	Block		

3	Mast Climber Information
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Make	Model	CD #	Total Mast Height	Platform Length

4	Mast Climber Owner Information
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Name	Title
Business Name	
Address	Phone Fax
City	State Zip
E-Mail	

5	Owner's Authorized Inspector Information
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Inspector Name	Inspector Title
Business Name	
Address	Phone Fax
City	State Zip
E-Mail	

6	Mast Climber Engineer Information
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Name	Title
Business Name	
Address	Phone Fax
City	State Zip
E-Mail	

7	Owner's Inspection Checklist
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ITEM	PASS	FAIL	N/A	ITEM	PASS	FAIL	N/A
Controls (Operating and Emergency)				Platform Sections			
Placards, Warnings, and Control Markings				Platform Extensions			
Manual/Load Charts Stored on Platform				Platform Free of Obstacles			
Safety/Emergency Devices				Platform Level			
Brakes				Platform Runs Soundly			
Limit Stops (High and Low)				Attachments			
Horizontal Leveling Device (where required)				Guardrail System			
Emergency Lowering Means				Mast Guards			
Drive System/Chassis				Outriggers, Stabilizers, and Other Structures			
Machinery Frame				Tires and Wheels			
Air, Hydraulic, and Fuel Lines				Lubrication of All Moving Parts			
Cables and Wiring Harnesses				Other			
Chain and Cable Mechanisms				Attachments Included?			
Fasteners, Pins, Bolts, Nuts				Notes	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Critical Components Match Those Listed				Photographs	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Locking Devices							
Mast Sections							

8 Engineer's Inspection Checklist				
ITEM	PASS	FAIL	N/A	Attachments Included?
Installed in Accordance with Approved Plans				Survey for Plumbness <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Tie-in Connections				Torque Report(s) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Anchorage				Pullout Test Report(s) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Ground Conditions/Footing/Foundation				Photographs <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Structural Support(s)				
Pull out Test(s)				
Plumbness				

9 Statements and Signatures

This On-Site Inspection Certificate will only be used for the mast climber at the above mentioned site. Falsification of any statement is a misdemeanor and is punishable by a fine or imprisonment, or both. It is unlawful to give to a city employee, or for a city employee to accept, any benefit, monetary or otherwise, either as a gratuity for properly performing the job or in exchange for special consideration. Violation is punishable by imprisonment or fine or both. I understand that if I am found after hearing to have knowingly or negligently made a false statement or to have knowingly or negligently falsified or allowed to be falsified any certificate, form, signed statement, application, report or certification of the correction of a violation required under the provisions of this code or of a rule of any agency, I may be barred from filing further applications or documents with the Department.

9A Owner's Statement

I certify that I am the owner or duly authorized corporate officer of the company that owns the abovementioned mast climber, and I authorize _____ (individual name) to inspect the mast climber as required by 1 RCNY §3314-01 subdivision (f)(4)(i)(A).

Name (please print)

Signature

Date

9B Owner's Authorized Inspector Statement & Signature

I certify that I have inspected the abovementioned mast climber on behalf of the owner of the mast climber in accordance with 1 RCNY §3314-01 subdivision (f)(4)(i)(A), that the mast climber has passed failed such inspection, and that information reported in section 7, along with any submitted attachment(s), is correct and complete.

Name (please print)

Signature

Date

9C Engineer's Statement

I certify that I have inspected supervised the inspection of the abovementioned mast climber in accordance with 1 RCNY §3314-01 subdivision (f)(4)(i)(B), that the mast climber has passed failed such inspection, and that information reported in section 8, along with any submitted attachment(s), is correct and complete.

Signature

Date

Seal (apply seal, then sign and date over seal)

The mast climber shall not begin operation until the mast climber has passed the required inspections and this form and all attachments have been completed, signed, dated, and sealed. A completed, signed, dated, and sealed copy of this form and all attachments must be kept onsite at all times. The original copy of this form and all attachments must be submitted to the Department of Buildings within two business days following successful passage of the inspections.

Internal Use Only	
Date Received	Invoice/Receipt Number
Inspector's Name (please print)	
Signature	(Issuance) Date