

# Review of Conformance Form

Product ID: [427](#) | Revision ID: 2425 | Date Published: 11 June 2021 | Date Effective: 11 June 2021

URL: <https://www-group.slac.stanford.edu/esh/eshmanual/references/hoistingFormConformance.pdf>

**ENVIRONMENT, SAFETY & HEALTH DIVISION**

This form is used to document the review of conformance required for all new hoisting and rigging equipment (including rigging hooks but excluding other rigging hardware and accessories) and any existing equipment lacking an identification number and SLAC inspection tag. The completed form is to be maintained by the Facilities and Operations Crane Maintenance Group (for cranes, hoists, and miscellaneous lifting devices, CRN) or the hoisting and rigging inspector (for below-the-hook lifting devices and slings, RIG) (see [Hoisting and Rigging: Equipment Requirements](#) [SLAC-I-730-0A21S-035]).

## 1 Hoisting and Rigging Equipment Registration Information

Submitted by <i>(person responsible for ensuring that all required signatures, inspections, and approvals are obtained)</i>		Date
Equipment custodian		Dept / group
Built by <input type="checkbox"/> SLAC <input type="checkbox"/> Manufacturer _____		<input type="checkbox"/> New <input type="checkbox"/> Existing
Equipment type <i>(use only equipment types listed)</i>		
Cranes, hoists, and miscellaneous lifting devices <input type="checkbox"/> Crane, bridge <input type="checkbox"/> Crane, jib, wall-mounted <input type="checkbox"/> Crane, jib, free-standing <input type="checkbox"/> Crane, monorail <input type="checkbox"/> Crane, gantry, fixed location <input type="checkbox"/> Crane, gantry, portable <input type="checkbox"/> Crane, shop <input type="checkbox"/> Cherry picker/engine hoist <input type="checkbox"/> Crane, truck mounted <input type="checkbox"/> Crane, mobile		Below-the-hook lifting devices and slings <input type="checkbox"/> Lifting device, structural or mechanical <input type="checkbox"/> Lifting device, vacuum <input type="checkbox"/> Magnet, close-proximity operated <input type="checkbox"/> Magnet, remote operated <input type="checkbox"/> Sling, wire-rope (bridle) <input type="checkbox"/> Sling, chain <input type="checkbox"/> Sling, metal-mesh <input type="checkbox"/> Sling, cylinder <input type="checkbox"/> Sling, synthetic (only with rigging hardware attached or if a permanent fixture) <input type="checkbox"/> Other
Additional equipment description, or description of "other" equipment types		
Working load limit (WLL)		Device weight <i>(required for below-the-hook lifting devices that weigh 100 pounds or more)</i>
Model no. <i>(use drawing number if SLAC-built)</i>	Serial no.	Property control no. <i>(if available)</i>
Equipment location	Equipment ID (CRN or RIG)	<input type="checkbox"/> CRN or RIG to be assigned

## 2 Design Certification

<input type="checkbox"/> Manufacturer's certification <i>(attach documentation that equipment meets applicable standards)</i>		
<input type="checkbox"/> SLAC qualified engineer certification <i>(attach engineering report, including drawings/sketches, calculations, and design factor, and complete the certification below)</i> I certify that the design of this equipment (and the building and supportive structures for any fixed-location cranes) have been evaluated and found to comply with the following applicable standards.		
Applicable standards		
Qualified engineer	Signature	Date
<input type="checkbox"/> Design certification or documentation is not available; an exemption is requested. <i>(exemptions are rare but may be granted if the equipment is properly marked with the manufacturer's identification and it meets all other review of conformance requirements)</i>		
Initial Inspection		
<input type="checkbox"/> Conducted by company _____ <i>(attach documentation)</i>		
<input type="checkbox"/> Conducted by SLAC qualified person <i>(attach documentation or complete certification below)</i>		
I certify that I performed the initial inspection of this equipment and all applicable inspection requirements were met.		
DOE-STD-1090 sections used		
Qualified person	Signature	Date
Load Test		
<input type="checkbox"/> Conducted by company _____ <i>(attach documentation)</i>		
<input type="checkbox"/> Conducted by SLAC qualified person <i>(attach documentation or complete certification below)</i>		
I certify that this device was successfully load-tested according to DOE-STD-1090.		
Required test weight		Actual test weight
Qualified person	Signature	Date
Design Certification Exemption <i>(complete only if an exemption is requested)</i>		
<input type="checkbox"/> Exemption denied		
<input type="checkbox"/> Exemption approved <i>(complete certification below)</i>		
I have evaluated this equipment, including the testing and inspection results. It is my professional judgment that this equipment is built to applicable standards.		
Hoisting and rigging program manager	Signature	Date
Final Review and Approval <i>(SLAC inspection tag applied upon successful completion)</i>		
I am qualified to authorize approval of this type of equipment. I have examined the attached documentation and have determined that it meets the requirements of DOE-STD-1090.		
Hoisting and rigging program manager	Signature	Date
Hoisting and Rigging Equipment Registration Confirmation		
This equipment has been registered: the review of conformance is complete and this equipment can now be placed into service.		
Database manager	Signature	Date