

WIRE ROPE SLING INSPECTION

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HOW OFTEN SHOULD MY SLING BE INSPECTED?

All slings require an initial inspection, a frequent inspection, and a periodic inspection.

- Initial inspections are performed prior to the sling being put into service to verify compliance.
- Frequent inspections are performed prior to each shift, unless the severity of use would require additional inspection throughout.
- Periodic inspections are a more thorough inspection that requires documentation while looking at all components and inspecting all sides and surfaces. These inspections shall not exceed an interval of one year.

CRITERIA FOR REMOVAL

A wire rope sling shall be removed from service if any of the following conditions are present:

- · missing or illegible sling identification
- broken wires
 - (a) for strand-laid and single-part slings, 10 randomly distributed broken wires in one rope lay, or 5 broken wires in one strand in one rope lay
 - (b) for cable-laid slings, 20 broken wires per lay
 - (c) for less than eight-part braided slings, 20 broken wires per braid length
 - (d) for eight-part or more than eight-part braided slings, 40 broken wires per braid length
- severe localized abrasion or scraping resulting in a reduction from nominal diameter of more than 5%
- · kinking, crushing, birdcaging, or any other damage resulting in damage to the rope structure
- evidence of heat damage
- fittings that are cracked, deformed, or worn to the extent that the strength of the sling is substantially affected
- · severe corrosion of the rope or fittings
- · for hooks, removal criteria as stated in ASME B30.10
- for rigging hardware, removal criteria as stated in ASME B30.26
- other conditions, including visible damage, that cause doubt as to the continued use of the sling

IDENTIFICATION TAG REQUIREMENTS

Each sling shall be marked to show:

- name or trademark of manufacturer, or if repaired, the entity performing repairs
- · rated load for at least one hitch type and the angle upon which it is based
- diameter or size
- number of legs, if more than one

SAFETY TRAINING ROSTER

Job Specific Topics:		
Safety Action Items:		
Applicable M.S.D.S. / Instruction/Use Manuals Review	/ed:	
Company:	Jobsite:	
Supervisor:	Date:	
ADDITIONAL TOPICS CO	OVERED:	
NAME (Please Print)	SIGNATURE	