



LIFT CRANE CAPACITIES

MEETS
ANSI B30.5
REQUIREMENTS

**BOOM NO. 8 WITH OPEN THROAT TOP
74,000 LB. COUNTERWEIGHT**

LIFTING CAPACITIES: Capacities for various boom lengths and operating radii are for freely suspended loads and do not exceed **75%** of a static tipping load. Capacities based on structural competence are shown by shaded areas.

Upper boom point capacity (whip line) for single part line is 22,500 lbs. (20,000 lbs. when rear auxiliary drum is used). In all cases, upper boom point capacities cannot exceed those listed for the main boom capacity.

Capacities are shown in pounds. Weight of jib, (see chart A), all load blocks, hooks, weight ball, slings, hoist lines, etc., beneath boom and jib point sheaves, is to be considered part of the main boom load. Boom is not to be lowered beyond radii where combined weights are greater than rated capacity. Where no capacity is shown, operation is not intended or approved. See boom raising capability chart.

OPERATING CONDITIONS: Machine to operate in a level position on a firm surface with gantry in working position and be rigged in accordance with and under conditions referred to in rigging drawing No. 48029 or No. 48237 and load line specification chart No. 4899.

Crane operator judgment must be used to allow for dynamic load effects of swinging, hoisting or lowering, travel, wind conditions, as well as adverse operating conditions and physical machine depreciation.

OPERATING RADIUS: Operating radius is the horizontal distance from the axis of rotation to the center of vertical hoist line or load block with the load freely suspended. Add 11" to boom point radius for radius of sheave when using single part hoist line.

Boom angle is the angle between horizontal and centerline of boom butt and inserts and is an indication of operating radius. In all cases, operating radius shall govern capacity.

BOOM POINT ELEVATION: Boom point elevation, in feet, is the vertical distance from ground level to centerline of boom point shaft.

MACHINE EQUIPMENT: Machine equipped with 20'4" crawlers, 38" or 48" treads, 15' retractable gantry, 10 or 12 part boom hoist reeving, two 1-1/2" boom pendants, 1st ctwt. = 32,000 lbs., 2nd ctwt. = 26,500 lbs., 3rd ctwt. = 15,500 lbs.

No. Parts of Line	1	2	3	4	5
Maximum Load - Lbs.	22,500	45,000	67,500	90,000	112,500
No. Parts of Line	6	7	8	9	
Maximum Load - Lbs.	135,000	157,500	180,000	200,000	

LOAD LINE: 1" — 6x25 Filler Wire, Improved Plow Steel, Regular Lay, IWRC. Minimum Breaking Strength 44.9 Ton. (Approx. Weight Per Ft. in Lbs. 1.85)
WHIP LINE: 1" — 6x25 Filler Wire, Improved Plow Steel, Regular Lay, IWRC. Minimum Breaking Strength 44.9 Ton. Maximum Load — 22,500 lbs. per Line. (Approx. Weight Per Ft. in Lbs. 1.85)

OVER FRONT OF BLOCKED CRAWLERS			OVER SIDE OF CRAWLERS		
Boo. Lgth.	Jib No. 123	Jib No. 124	Boo. Lgth.	Jib No. 123	Jib No. 124
210'	---	---	190'	---	---
200'	---	---	180'	---	30'
190'	30'	60'	170'	30'	60'
180'	50'	60'	160'	60'	60'
170'	60'	60'			

Load block, hook and weight ball on ground at start.

Jib Lgth.	Jib No. 123	Jib No. 124
30'	2,500 Lb.	1,800 Lb.
40'	3,100 Lb.	2,050 Lb.
50'	3,700 Lb.	2,300 Lb.
60'	4,400 Lb.	2,500 Lb.

For jib capacities, consult jib chart.

Boom Lgth.: Feet	Oper. Rad.: Feet	Boom Ang.: Deg.	Boom Point: Elev.	Capacity:	Boom Lgth.: Feet	Oper. Rad.: Feet	Boom Ang.: Deg.	Boom Point: Elev.	Capacity:	Boom Lgth.: Feet	Oper. Rad.: Feet	Boom Ang.: Deg.	Boom Point: Elev.	Capacity:	
60	15	79.1	65.6	200,000	70	40	58.7	66.5	51,100	90	18	80.8	95.5	162,600	
	16	78.1	65.4	200,000		45	53.8	63.1	43,800		19	80.2	95.3	148,500	
	17	77.1	65.1	180,200		50	48.5	59.1	38,100		20	79.5	95.2	136,600	
	18	76.1	64.9	163,400		55	42.8	54.2	33,700		22	78.2	94.8	117,600	
	19	75.2	64.7	149,400		60	36.4	48.2	30,000		24	76.9	94.3	103,100	
	20	74.2	64.4	137,500		65	28.7	40.3	27,100		26	75.6	93.8	91,700	
	22	72.2	63.8	118,600		70	18.5	28.9	24,500		28	74.3	93.3	82,400	
	24	70.1	63.1	104,100		16	81.1	85.7	200,000		30	73.0	92.7	74,700	
	26	68.1	62.3	92,700		17	80.4	85.5	179,700		32	71.6	92.1	68,300	
	28	66.0	61.5	83,400		18	79.6	85.4	162,900		34	70.3	91.4	62,800	
	70	30	63.9	60.5		75,800	19	78.9	85.2		148,800	36	68.9	90.6	58,100
		32	61.8	59.5		69,400	20	78.2	85.0		137,000	38	67.5	89.8	54,000
		34	59.6	58.4		63,900	22	76.7	84.5		118,000	40	66.2	89.0	50,400
		36	57.3	57.2		59,200	24	75.2	84.0		103,500	45	62.6	86.6	43,000
		38	55.0	55.8		55,100	26	73.8	83.5		92,000	50	59.0	83.8	37,400
		40	52.7	54.4		51,500	28	72.3	82.9		82,800	55	55.2	80.6	32,900
		45	46.4	50.1		44,200	30	70.8	82.2		75,100	60	51.2	76.8	29,300
		50	39.4	44.7		38,500	32	69.2	81.5		68,700	65	47.0	72.5	26,300
55		31.1	37.6	34,100	34	67.7	80.7	63,200	70	42.5	67.4	23,800			
60		20.0	27.2	30,500	36	66.1	79.8	58,500	75	37.5	61.5	21,600			
80		15	80.6	75.7	200,000	38	64.6	78.9	54,400	80	31.9	54.3	19,800		
		16	79.8	75.6	200,000	40	63.0	77.9	50,800	85	25.3	45.1	18,200		
		17	79.0	75.4	179,900	45	58.9	75.1	43,500	90	16.3	31.9	16,700		
		18	78.1	75.2	163,100	50	54.6	71.8	37,800						
		19	77.3	74.9	149,100	55	50.0	68.0	33,300						
		20	76.5	74.7	137,200	60	45.2	63.4	29,700						
		22	74.8	74.2	118,200	65	39.9	58.0	26,700						
		24	73.1	73.6	103,700	70	33.9	51.3	24,200						
	26	71.4	73.0	92,300	75	26.9	42.8	22,100							
	28	69.6	72.3	83,000	80	17.3	30.5	20,200							
	30	67.9	71.5	75,400											
	32	66.1	70.6	69,000											
	34	64.3	69.7	63,500											
	36	62.5	68.7	58,800											
	38	60.6	67.6	54,700											

Capacities continued on reverse side.

SEE CONDITIONS ON REVERSE SIDE

Boom Lgth.: Feet	Oper. Rad.: Feet	Boom Ang.: Deg.	Boom Point: Elev.	Capacity:	Boom Lgth.: Feet	Oper. Rad.: Feet	Boom Ang.: Deg.	Boom Point: Elev.	Capacity:	Boom Lgth.: Feet	Oper. Rad.: Feet	Boom Ang.: Deg.	Boom Point: Elev.	Capacity:	Boom Lgth.: Feet	Oper. Rad.: Feet	Boom Ang.: Deg.	Boom Point: Elev.	Capacity:
10	22	80.4	115.1	117,200	150	28	80.6	154.7	80,800	180	32	80.9	184.4	65,700	210	36	81.1	214.1	54,600
	24	79.3	114.8	102,700		30	79.9	154.3	73,100		34	80.3	184.1	60,200		38	80.6	213.8	50,400
	26	78.3	114.4	91,200		32	79.1	153.9	66,600		36	79.6	183.7	55,500		40	80.0	213.5	46,800
	28	77.2	113.9	82,000		34	78.3	153.5	61,100		38	79.0	183.3	51,300		45	78.6	212.5	39,400
	30	76.1	113.4	74,300		36	77.5	153.1	56,400		40	78.3	182.9	47,700		50	77.2	211.5	33,700
	32	75.1	112.9	67,900		38	76.8	152.7	52,300		45	76.7	181.8	40,300		55	75.8	210.3	29,200
	34	74.0	112.4	62,400		40	76.0	152.2	48,600		50	75.1	180.6	34,600		60	74.4	208.9	25,500
	36	72.9	111.8	57,700		45	74.0	150.8	41,300		55	73.4	179.2	30,100		65	73.0	207.5	22,500
	38	71.8	111.1	53,500		50	72.0	149.3	35,600		60	71.7	177.6	26,500		70	71.6	205.9	19,900
	40	70.7	110.5	49,900		55	70.0	147.6	31,100		65	70.1	175.9	23,500		75	70.1	204.2	17,800
	45	67.9	108.6	42,600		60	67.9	145.7	27,500		70	68.4	174.0	20,900		80	68.7	202.3	15,900
	50	65.1	106.4	36,900		65	65.8	143.5	24,400		75	66.6	171.9	18,800		85	67.2	200.2	14,300
	55	62.2	103.9	32,400		70	63.7	141.2	21,900		80	64.9	169.6	16,900		90	65.7	198.1	12,800
	60	59.2	101.1	28,800		75	61.6	138.6	19,800		85	63.1	167.2	15,300		95	64.2	195.7	11,600
	65	56.1	97.9	25,800		80	59.4	135.8	17,900		90	61.3	164.6	13,800		100	62.7	193.2	10,400
150	70	52.9	94.4	23,300	180	85	57.1	132.7	16,300	210	105	57.6	158.7	11,400					
	75	49.5	90.4	21,100		90	54.8	129.3	14,800		100	57.7	155.4	10,400					
	80	46.0	85.8	19,300		95	52.5	125.6	13,600		110	53.8	151.9	9,500					
	85	42.3	80.7	17,600		100	50.0	121.6	12,400		115	51.8	148.1	8,700					
	90	38.3	74.8	16,200		105	47.5	117.2	11,400		120	49.7	144.0	7,900					
	95	33.8	67.9	15,000		110	44.8	112.4	10,500		125	47.6	139.6	7,200					
	100	28.8	59.7	13,800		115	42.1	107.1	9,700		130	45.4	134.8	6,600					
	105	22.8	49.4	12,800		120	39.1	101.3	8,900		135	43.1	129.7	6,000					
	110					125	36.0	94.8	8,200		140	40.7	124.1	5,400					
	115					130	32.6	87.5	7,600		145	38.2	118.1	4,900					
	120					135	28.9	79.0	7,000		150	35.6	111.4	4,500					
	125					140	24.6	69.1	6,500		155	32.8	104.1	4,000					
	130					145	19.5	56.8	6,000		160	29.7	95.8	3,600					
	135										165	26.3	86.4	3,200					
	180	22	81.2	125.2		112,500	210	30	80.5		164.5	72,800	240	34	80.8	194.2	60,000		
24		80.2	124.9	102,400	32	79.8		164.1	66,400	36	80.2	193.9		55,200					
26		79.3	124.6	90,900	34	79.1		163.7	60,900	38	79.6	193.5		51,100					
28		78.3	124.2	81,600	36	78.3		163.3	56,200	40	79.0	193.1		47,500					
30		77.3	123.7	73,900	38	77.6		162.9	52,000	45	77.4	192.1		40,100					
32		76.3	123.3	67,500	40	76.9		162.5	48,400	50	75.9	190.9		34,400					
34		75.3	122.7	62,000	45	75.0		161.2	41,000	55	74.3	189.6		29,900					
36		74.3	122.2	57,300	50	73.2		159.8	35,300	60	72.7	188.1		26,200					
38		73.4	121.6	53,200	55	71.3		158.2	30,900	65	71.2	186.5		23,200					
40		72.4	121.0	49,500	60	69.4		156.4	27,200	70	69.6	184.7		20,700					
45		69.8	119.3	42,200	65	67.4		154.4	24,200	75	67.9	182.7		18,500					
50		67.3	117.3	36,500	70	65.5		152.2	21,700	80	66.3	180.6		16,600					
55		64.7	115.1	32,000	75	63.5		149.9	19,500	85	64.6	178.3		15,000					
60		62.0	112.6	28,400	80	61.5		147.3	17,600	90	63.0	175.9		13,600					
65		59.2	109.8	25,400	85	59.4		144.4	16,000	95	61.3	173.2		12,300					
210	95	40.4	84.4	14,500	240	100	57.3	141.3	14,600	270	105	59.5	170.4	11,200					
	100	36.6	78.2	13,400		95	55.2	138.0	13,300		110	57.8	167.4	10,200					
	105	32.4	70.9	12,400		100	53.0	134.4	12,200		115	56.0	164.1	9,200					
	110	27.6	62.2	11,500		105	50.7	130.4	11,200		120	54.1	160.6	8,400					
	115	21.9	51.3	10,700		110	48.3	126.2	10,300		125	52.2	156.8	7,600					
	120					115	45.9	121.5	9,400		130	50.3	152.8	6,900					
	125					120	43.3	116.5	8,700		135	48.3	148.5	6,300					
	130					125	40.7	110.9	8,000		140	46.3	143.9	5,700					
	135					130	37.8	104.8	7,300		145	44.1	139.0	5,200					
	140					135	34.8	98.0	6,700		150	41.9	133.6	4,700					
	145					140	31.5	90.3	6,200		155	39.6	127.8	4,200					
	150					145	27.9	81.6	5,700		160	37.2	121.5	3,800					
	155					150	23.8	71.3	5,200		165	34.6	114.6	3,400					
	160					155	18.9	58.5	4,800										

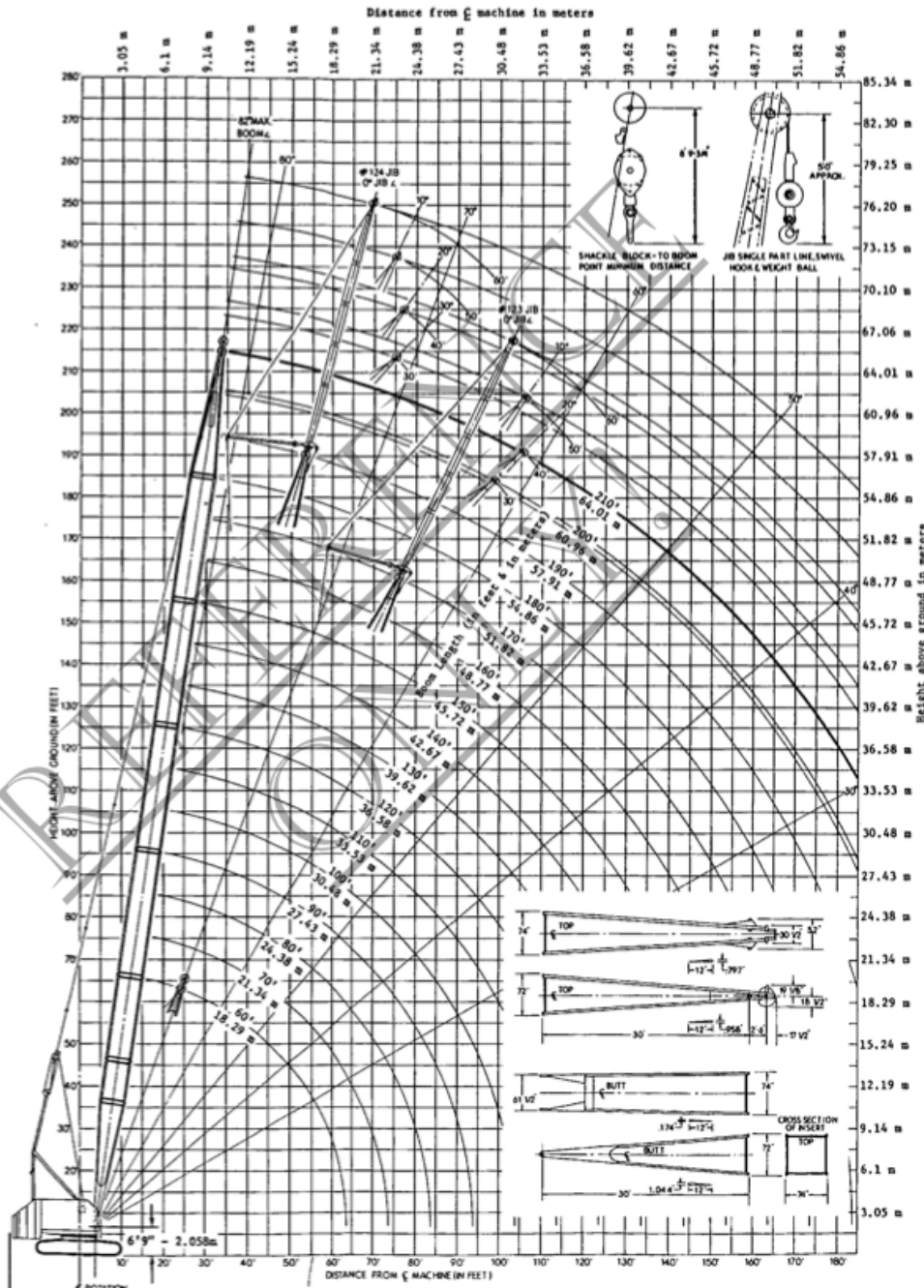
Combined From Charts:
 No. 6292-A 3-30-81
 No. 4779 2-18-80
 No. 4899 2-18-80

MANITOWOC ENGINEERING CO.

A Division of The Manitowoc Company, Inc.

Manitowoc, Wisconsin

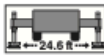
- NOTE 1:** This drawing is intended only as a guide to assist in job planning.
- NOTE 2:** For planning a lift, this drawing is to be used in conjunction with appropriate:
 A. Capacity Charts. C. Load Line Specifications. E. Outline Dimensions.
 B. Range Charts. D. Rigging Drawing.
- NOTE 3:** For planning lifts where clearances are limited and accuracy is desired, a detailed layout should be prepared.
- NOTE 4:** Distance of MANITOWOC load block to boom tip based on 30° fleet angle or physical limitations.
- NOTE 5:** When equipped with hoist line limit switch, contact factory for load block to boom point minimum distance.
- MAXIMUM BOOM ANGLE**
 82° For No. 8 Boom W/Open Throat Top



65129

RANGE DIAGRAM-M3900-No. 8 BOOM-123/124 JIB


11-20-82

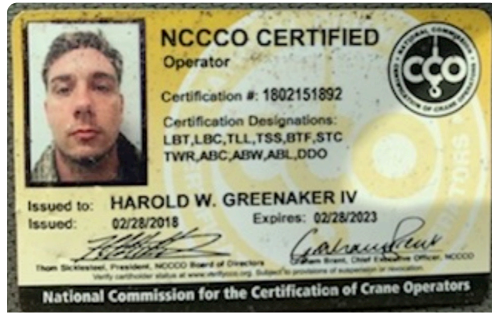


27,117 lbs

ASME

lbs x 1,000

	42.0 ft*	42.0 ft	56.1 ft	70.2 ft	84.6 ft	98.8 ft	112.9 ft	127.0 ft	141.1 ft	155.5 ft	169.6 ft	183.7 ft	196.9 ft
8.9	264.6**												
9.8	232.8**	225.5**	198.4	198.4									
11.5	210.8	205.3	198.4	198.4	154.3								
13.1	192.5	187.0	186.5	185.2	154.3								
14.8	176.8	169.1	168.4	167.3	154.3	119.7							
16.4	163.4	153.7	154.5	152.1	153.4	113.1	97.0						
19.7	142.4	129.2	130.1	129.9	119.7	110.2	93.3	72.3					
23.0	120.2	110.5	111.3	104.9	101.0	93.0	84.7	72.3	59.7				
26.2	92.2	89.7	90.6	86.6	84.2	80.9	75.6	69.7	59.7	47.2			
29.5	73.6	72.5	73.4	72.3	70.8	69.7	64.4	59.5	56.7	47.2	36.6		
32.8	60.6	60.0	60.8	61.3	63.9	60.2	55.6	51.4	50.9	47.2	36.6	29.1	
36.1			53.6	55.6	55.8	52.7	48.7	48.3	45.0	41.9	36.6	29.1	23.4
39.4			45.4	47.4	47.6	46.5	43.0	43.0	39.9	39.5	36.6	29.1	23.4
45.9			34.2	35.9	36.2	35.7	37.0	34.6	34.4	32.4	31.5	29.1	23.4
52.5				28.2	29.3	28.0	29.3	28.0	28.4	28.2	26.7	24.7	23.4
59.1				22.9	24.5	22.5	24.7	23.4	24.5	23.8	22.3	20.5	20.1
65.6					20.3	19.2	20.9	20.5	20.1	19.6	19.0	17.2	17.0
72.2					17.0	17.2	17.6	17.2	16.8	16.3	15.7	14.6	14.3
78.7						14.6	15.0	14.6	14.1	13.7	13.0	11.9	11.9
85.3						12.3	12.8	12.3	12.1	11.5	10.8	9.7	9.7
91.9							11.0	10.6	10.1	9.7	9.0	7.9	7.9
98.4							9.5	9.0	8.6	8.2	7.5	6.4	6.4
105.0							8.2	7.7	7.5	6.8	6.2	5.1	5.3
111.5								6.6	6.2	5.7	5.1	4.0	4.0
118.1								5.7	5.3	4.6	4.0	3.1	3.1
124.7									4.4	3.7	3.1	2.2	2.2
131.2									3.7	3.1	2.4		
137.8										2.4			



Form MCSA-5876 OMB No. 2136-0001 Expiration Date: 6/31/2018

Public Burden Statement
 A Federal agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2136-0001. Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, gathering the data needed, reviewing the collection of information, reviewing the collection of information, sending comments regarding this burden estimate or other aspect of this collection of information, including suggestions for reducing the burden to Washington, DC 20503, and to the Office of Management and Budget, Paperwork Project, Washington, DC 20503.

Medical Examiner's Certificate
 For Commercial Driver's License

I certify that I have examined **Last Name: Greenaker** First Name: **Harold** in accordance with (please check only one):
 the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply) OR
 the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any applicable State variances (which will only be valid for intrastate operations), and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply):

Wearing corrective lenses Accompanied by a _____ waiver/exemption Driving within an exempt intracity zone (49 CFR 391.62) (Federal)
 Wearing hearing aid Accompanied by a Skill Performance Evaluation (SPE) Certificate Qualified by operation of 49 CFR 391.64 (Federal)
 Grandfathered from State requirements (State)

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCSA-5875, with any attachments embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Signature: *[Signature]* **Medical Examiner's Telephone Number:** 891-634-0865 **Date Certificate Signed:** 5-2-18

Medical Examiner's Name (please print or type): Jason Mikobol **Issuing State:** FL **National Registry Number:** 6461085999

Medical Examiner's State License, Certificate, or Registration Number: ME 51149

Driver's Signature: *[Signature]* **Driver's License Number:** 00004715550 **Issuing State/Province:** NC

Driver's Address: 401 S. Blue Ridge Rd **City:** Sevier **State/Province:** TN **Zip Code:** 37864 **CLP/CDL Applicant/Holder:** Yes No

This document contains sensitive information and is for official use only. Improper handling of this information could negatively affect individuals. Handle and secure this information appropriately to prevent inadvertent disclosure by keeping the documents under the control of authorized persons. Properly dispose of this document when no longer required to be maintained by regulatory requirements.



Public Burden Statement
 A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0006. Public reporting for this collection of information is estimated to average approximately 1 minute per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-99A, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.

U.S. Department of Transportation
 Federal Motor Carrier
 Safety Administration

Medical Examiner's Certificate

(for Commercial Driver Medical Certification)

I certify that I have examined **Last Name** McWilliams **First Name** Tyler in accordance with (please check only one):

the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply) **OR**

the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any applicable State variances (which will only be valid for intrastate operations), and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply):

Wearing corrective lenses Accompanied by a _____ waiver/exemption Driving within an exempt intracity zone (49 CFR 391.62) (Federal)

Wearing hearing aid Accompanied by a Skill Performance Evaluation (SPE) Certificate Qualified by operation of 49 CFR 391.64 (Federal)

Grandfathered from State requirements (State)

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCSA-5875, with any attachments embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date
07/24/2021

<p>Medical Examiner's Signature </p> <p>Medical Examiner's Name (please print or type) Quillan, Cathleen</p> <p>Medical Examiner's State License, Certificate, or Registration Number OS15907</p>	<p>Medical Examiner's Telephone Number Date Certificate Signed</p> <p>(727)532-7661 07/24/2019</p> <p><input type="radio"/> MD <input type="radio"/> Physician Assistant <input type="radio"/> Advanced Practice Nurse</p> <p><input checked="" type="radio"/> DO <input type="radio"/> Chiropractor <input type="radio"/> Other Practitioner (specify) _____</p> <p>Issuing State National Registry Number</p> <p>FL 5651761143</p>
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<p>Driver's Signature </p> <p>Driver's Address Street Address: 1338 Friend Avenue City: CLEARWATER State/Province: FL Zip Code: 33756</p>	<p>Driver's License Number Issuing State/Province</p> <p>M245803844220 FL</p> <p style="text-align: right;">CLP/CDL Applicant/Holder <input checked="" type="radio"/> Yes <input type="radio"/> No</p>
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This document contains sensitive information and is for official use only. Improper handling of this information could negatively affect individuals. Handle and secure this information appropriately to prevent inadvertent disclosure by keeping the documents under the control of authorized persons. Properly dispose of this document when no longer required to be maintained by regulatory requirements.

We hereby certify, that the crane described on following pages has been duly inspected and passed the inspection in accordance with our standards of quality and judgement.

Manufacturer : **TADANO FAUN GmbH**

Vehicle model : **ATF 130G-5**

Vehicle identification no. : **WFN5RUZV8K2069180**

Carrier engine no. : **Mercedes Benz
OM471LA 390KW LFU
471.919-C 0419424**

Superstructure engine no. : **Mercedes Benz
OM934LA 129KW LFU
933.911-C 0142936**

29.10.2018

Date of issue



TADANO FAUN GmbH
Faunberg 2, 91207 Lauf
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N. Schäfer
General Manager
Quality dep.



TADANO FAUN GmbH
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T. Urbanczyk
General Manager
Production dep.



RESULT OF INSPECTION

1. Dimension

2. Weight

3. Painting

4. Operation

4.1 Components carrier

4.2 Components superstructure

4.3 Safety devices

4.4 Working speed

5. Load tests

5.1 Stability test

5.2 Strength test

1. Dimension

	Specification (mm)	Judgement
Overall length (incl. 2. Winch)	15 455	okay
Overall height	3 974	okay
Overall width	3 000	okay

2. Weight (road traffic modification)

	Specification (kg)	Measured (kg)	Judgement
Gross vehicle weight	60 000	57 160	okay
1st axle	12 000	11 640	okay
1st + 2nd axle	24 000	23 360	okay
1st + 2nd + 3rd axle	36 000	34 600	okay
4th + 5th axle	24 000	22 580	okay

3. Painting

(checked by TFG internal paint check protocol)

Item	Judgement
Superstructure	okay
Carrier	okay

4. Operation

Item	Judgement
4.1 Components carrier (checked by TFG internal check- and test protocols)	
Carrier engine	okay
Gearbox / Transmission	okay
Steering	okay
Service brake	okay
Parking brake	okay
Outrigger operation	Okay
4.2 Components superstructure (checked by TFG internal check- and test protocols)	
Superstructure engine	okay
Hydraulic pump	okay
Oil cooler	okay
Water cooler	okay
Hydraulic piping	okay
Control valve hoist	okay
Control valve derrick	okay
Control valve telescope	okay
Control valve slewing	okay
Slewing gear	okay
Hydraulic motor for slewing gear	okay
Hoist	okay
Hydraulic motor for hoist	okay
Derrick cylinder	okay
Telescopic cylinder	okay

**4.3 Safety devices
(checked by TFG internal check- and
test protocols)**

Automatic safe load indicator limiter	okay
Counterbalance valve hoist	okay
Automatic brake hoist	okay
Wire rope over-payoff cutout device	okay
Over-winding cutout device	okay
Counterbalance valve derrick cylinder	okay
Levelling device	okay
Hook safety latch	okay

4.4 Working speed

	Specification	Measured	Judgement
Derricking up from 0° to 84,5° high (sec.)	48	42	okay
Telescope extending high speed (sec.)	500	444	okay
Hoist high speed (turn/min)	52	51	okay
Slewing (sec/turn)	40	37	okay

5. Load Tests

We hereby certify that the crane has been duly tested and met minimum requirements of SAE J 1063 and J 765 required by ANSI B30.5

Outriggers are extended fully: 24,6 ft 7,5 m
 Counterweight: 93,48 lbs 42,4 t

Note: Test load is calculated by the following formula and includes the mass of lifting hook and slings.

Test load = 1,25 x P for strength test

Test load = 1,18 x P for stability test

P = Rated lifting capacity

5.1 Stability Test

boom length / state ft / m	jib length / offset ft / m °	Test load 1000 lbs / t	working radius ft / m	Judgement
196,9 / 60,0 100 / 100 / 100 / 100 / 100	- / - -	8,25 / 3,74	162,9 / 49,7	okay
196,9 / 60,0 100 / 100 / 100 / 100 / 100	9,2 / 2,8 0	4,98 / 2,26	179,0 / 54,6	okay
196,9 / 60,0 100 / 100 / 100 / 100 / 100	30,2 / 9,2 0	5,16 / 2,34	181,9 / 55,4	okay
196,9 / 60,0 100 / 100 / 100 / 100 / 100	55,8 / 17,0 0	5,16 / 2,34	186,8 / 56,9	okay
196,9 / 60,0 100 / 100 / 100 / 100 / 100	78,7 / 24,0 0	4,10 / 1,86	200,1 / 61,0	okay

5.2 Strength Test

boom length / state ft / m	jib length / offset ft / m °	Test load 1000 lbs / t	working radius ft / m	Judgement
56,2 / 17,1 0 / 0 / 46 / 0 / 0	- / - -	139,20 / 63,14	26,9 / 8,2	okay
42,0 / 12,8 0 / 0 / 0 / 0 / 0	9,2 / 2,8 0	56,00 / 25,40	43,2 / 13,2	okay
42,0 / 12,8 0 / 0 / 0 / 0 / 0	9,2 / 2,8 40	56,00 / 25,40	27,2 / 8,3	okay
42,0 / 12,8 0 / 0 / 0 / 0 / 0	30,2 / 9,2 0	20,59 / 9,34	59,3 / 18,1	okay
42,0 / 12,8 0 / 0 / 0 / 0 / 0	55,8 / 17,0 0	9,57 / 4,34	70,6 / 21,5	okay
42,0 / 12,8 0 / 0 / 0 / 0 / 0	78,7 / 24,0 0	6,26 / 2,84	96,1 / 29,3	okay



TADANO

INSPECTION CERTIFICATE

Cert 2069180

42,0 / 12,8 0/0/0/0/0	101,7 / 31,0 0	4,10 / 1,86	105,8 / 32,2	okay
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