

# KLONDIKE CRANE INSPECTION LTD.

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www.klondikecrane.com

H/67 MAY

JUL 18 2025

BUS: (780) 454-1811

dispatch@klondikecrane.com

CLIENT:	CS Chedd Contractors Ltd.	PAGE:	1	OF	2.
ADDRESS:	P.O. Box 431 Sanguia AB T0E 2A0	DISP #:	41305		
PHONE:	(780) 785-4097	CONTACT:	Jim White		
EQUIPMENT SUBCATEGORY	Mobile Cranes 01.14 RT or AT Crane	10 YEAR BOOM DISMANTLE	<input type="checkbox"/>		
MAKE	Grove	MODEL	RT-528C		
SERIAL #	7592	UNIT #1	RT01	UNIT #2	RT or AT
HRS / KMS	4250 2485	CAPACITY	15 Ton	LBS. OR KG OR TON OR TONNE	
LOCATION	Sanguia AB	YEAR	1990		
PAINT CONDITION	GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/>	COLOUR	Yellow		

Unacceptable discontinuities noted at the time of inspection Yes  No

- REPAIRS:
- JIB SECTION OUTER LATTICE SECTION NEAR BIT  
 PICTURE FRAM: INNER LATTICE MOUNTED TO VP...  
 1-1/2" CRACK IN WELD... SUB CRACK JAW... REPAIR NOT  
 HOLD FOR REPAIRS
  - JIB SECTION NEAR BIT... LOWER LATTICE...  
 1" W x 3/4" L x 1/8" D... REPAIR
  - OPERATOR'S REAR FRONT CORNER TOP OF...  
 CRACK IN WELD... REPAIR
  - OPERATOR'S REAR FRONT CORNER...  
 CRACK IN WELD... REPAIR

When repairs are required: the undersigned gives assurance to the engineer that all mechanical and structural deficiencies identified are repaired by a certified welder/mechanic to OEM specifications. If OEM specifications are unavailable, repairs are to be completed under the guidance of an engineer. Please send repairs to repairs@klondikecrane.com

Welder: \_\_\_\_\_ Certificate #: \_\_\_\_\_  
 Mechanic: \_\_\_\_\_ Certificate #: \_\_\_\_\_  
 Date: \_\_\_\_\_ Signature: \_\_\_\_\_

REPAIRS REQ'D: Y  N  CERTIFICATION REQ'D: Y  N

THIS UNIT WILL BE RECOMMENDED FOR CERTIFICATION BY OUR ENGINEER Y  N

STICKER ON UNIT: Y  N  PROVINCE:  BC  AB  SK  MB  ON  NS  NB  YT  NT  OTHER

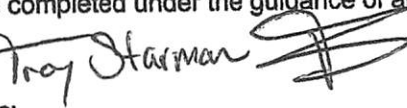
TECHNICIAN: A.B. Smith LEAD TECH: B. Smith

uploaded to dropbox 07/18/25

# KLONDIKE CRANE INSPECTION LTD.

www.klondikecrane.com

BUS: (780) 454-1811 • Fax: (780) 447-1690

CLIENT: <u>C/S CHADD CONTRACTORS LTD.</u>		PAGE: <u>2</u> OF <u>2</u>	
ADDRESS: <u>P.O. Box 431</u>		DISP #: <u>41305</u>	
<u>SANGUDO, AB, T.O.E. 2A0.</u>		P.O. #: <u>5055</u>	
PHONE: <u>(780) 785 4037</u> CONTACT: <u>JIM WHITE</u>		DATE: <u>APRIL 24 2025</u>	
EQUIPMENT SUBCATEGORY <u>RT OR RT CRANE</u> <small>Subcategory From List</small>		10 YEAR BOOM DISMANTLED <input type="checkbox"/> 5 YR BLOCK DISMANTLED: <input type="checkbox"/>	
MAKE <u>GROVE</u>	MODEL <u>RT-526C</u>		
SERIAL # <u>74050</u>	UNIT #1 <u>RT-01</u>	UNIT #2 <u>-</u>	
HRS / KMS <u>4250.2 HRS.</u>	CAPACITY <u>15 TON.</u> <small>LBS. OR KG OR TON OR TONNE</small>		
LOCATION <u>SANGUDO, AB.</u>	YEAR <u>1990.</u>		
PAINT CONDITION <u>GOOD</u> <input checked="" type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/>		COLOUR <u>YELLOW.</u>	
<b>Unacceptable discontinuities noted at the time of inspection</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
5.) OPERATOR'S RIGHT, UPPER TURRET, REAR SIDE OF OPENING FOR HYDRAULIC HOUSING, MAX AXI - 1' CRACK IN PREVIOUS WELD REPAIR. <u>(Repaired)</u>			
6.) OPERATOR'S LEFT REAR CYLINDER BEHIND WHEEL TOP ELEMENT FRONT BOLT IS LOOSE <u>*Check</u>			
NOTES:			
1.) SMART CRANE WIRE XI ROWER ON BUTT SECTION IS WORN RIGHT THROUGH FRONT STEERING			
2.) <del>SWAY</del> SWAY LINK, DRIVER SIDE IS LOOSE.			
3.) CABLES VISUALLY INSPECTED IN DRUMS.			
When repairs are required: the undersigned gives assurance to the engineer that all mechanical and structural deficiencies identified are repaired by a certified welder/mechanic to OEM specifications. If OEM specifications are unavailable, repairs are to be completed under the guidance of an engineer.			
Welder: <u>Troy Starman</u> 		Certificate #: <u>203193A</u>	
Mechanic:		Certificate #:	
Date:		Signature: <u>ROY AG</u>	
REPAIRS REQ'D: <u>Y</u> <input checked="" type="checkbox"/> <u>N</u> <input type="checkbox"/>		CERTIFICATION REQ'D: <u>Y</u> <input checked="" type="checkbox"/> <u>N</u> <input type="checkbox"/>	
THIS UNIT WILL BE RECOMMENDED FOR CERTIFICATION BY OUR ENGINEER <u>Y</u> <input checked="" type="checkbox"/> <u>N</u> <input type="checkbox"/>			
STICKER ON UNIT: <u>Y</u> <input checked="" type="checkbox"/> <u>N</u> <input type="checkbox"/>		PROVINCE: <input type="checkbox"/> BC <input checked="" type="checkbox"/> AB <input type="checkbox"/> SK <input type="checkbox"/> MB <input type="checkbox"/> ON <input type="checkbox"/> NS <input type="checkbox"/> NB <input type="checkbox"/> YT <input type="checkbox"/> NT <input type="checkbox"/> OTHER	
TECHNICIAN: <u>BJM + JT</u>		LEAD TECH: <u>JT</u>	