

H/16-1
MAY

DATE: Apr. 28, 2025 (MMM. DD, YYYY)		Completion Date: Jul. 17, 2025		WORK ORDER C5 MECH. SHOP		
Customer Name: SAFETY WORK ORDER				EQUIPMENT # RT01		
Phone: 1992 GROVE RT500C - 28 TON ROUGH TERRAIN CRANE				YEAR-		
Address: KLONDIKE INSPECTION - REPAIRS REQUIRED				MAKE-		
Job Name:				MODEL-		
Job Description/Problem- DETAILS - KLONDIKE SHEET ATTACHED				VIN- LAST 4		
1 - JIB SECTION - WELD REPAIR; 2 - JIB SECTION - DENT REPAIR				KMS		
3 - OPERATORS SIDE FRONT OUTRIGGER - WELD REPAIR -OUTRIGGER HOUSING REPAIR				HOURS		
5 - OPERATORS TURRET - WELD REPAIR 6 - REAR CYLINDER LOOSE BOLT				CVIP EXP DATE-		
				TIRE TORQUE- FT/LBS		
Employee Name	Date Worked	Describe Work Completed		Hours	Unit Price	Total
SEE WO		RT01 2025.07.17 WORK ORDER -REPAIR CRANE PER KLONDIKE REPORT				
		RT01 2025-04-24 KLONDIKE REPAIRS COMPLETED				
PARTS						
Description	ORDERED FROM/DATE	PART #	PO#	Qty	Unit Price	Line Total
SHOP SUPPLIES & CONSUMABLES						
Description				Qty	Unit Price	Line Total
					Subtotal	

uploaded to dropbox 09/10/25

WORK ORDER

Welding Shop

Date July 02/25

Completion Date: _____



Customer Name: C-5 EQUIPMENT

Phone: _____

Address: _____

Job Name: _____

Job Description: Repair RT CRANE 01

Job Number _____

Customer PO _____

Quote # _____

Employee Time Summary (more information on reverse, if needed)

Employee Name	Date Worked	Describe Work Completed	Hours	Unit Price	Total
<u>Chas. L</u>	<u>July 16</u>	<u>Weld Cracks</u>	<u>2 hrs</u>		
<u>Troy S.</u>	<u>July 17</u>	<u>Review repairs & document pictures</u>	<u>2.5</u>		

MATERIALS

Description	Qty	Unit Price	Line Total

SUPPLIES & CONSUMABLES

Description	Qty	Unit Price	Line Total

Subtotal _____

Uploaded 11 boxes 07/23/25

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. TOE 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 AT CRANE</u>		10 YEAR BOOM DISMANTLE <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> LBS. OR KG OR TON OR TONNE	
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>	
<p>Unacceptable discontinuities noted at the time of inspection Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>5.) OPERATOR'S RIGHT, UPPER TURRET, REAR SIDE OF OPENING FOR HYDRAULIC HOUSING, HAS A XI - 1" CRACK IN PREVIOUS WELD REPAIR. (Repaired)</p> <p>6.) OPERATOR'S LEFT REAR CYLINDER BEHIND WHEEL TOP END OF FRONT BOLE IS LOOSE *Crack</p>			
NOTES:			
1.) SMART CRANE WIRE XI ROLLER ON BUTT SECTION IS WORN RIGHT THROUGH FRONT STEERING			
2.) SWAY LINK 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>[Signature]</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>	

KLONDIKE CRANE INSPECTION LTD.

www.klondikecrane.com
 BUS: (780) 454-1811
 dispatch@klondikecrane.com

CLIENT: CB Chedd Contractors Ltd.	PAGE: 1 OF 2
ADDRESS: P.O. Box 401 Sanguon, AB T0E 2A0	DISP #: 41305
PHONE: (780) 785-4097	P.O. #: 5055
CONTACT: Jim White	DATE: APR 24/2025
EQUIPMENT SUBCATEGORY: Mobile Cranes 01.14 RT of RT Crane	10 YEAR BOOM DISMANTLE <input type="checkbox"/> 5 YR BLOCK DISMANTLED: <input type="checkbox"/>
MAKE: Grove	MODEL: RT-528C
SERIAL #: 2018	UNIT #1: RT01 UNIT #2: RT of RT Cr
HRS / KMS: 4,250 @ 2405	CAPACITY: 15 Ton LBS. OR KG OR TON OR TONNE
LOCATION: Sanguon 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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	
<p>REPAIRS:</p> <p>1) JIB SECTION IN OUTER LATTICE SECTION NEAR SITTING FRAME IN AREA 2225 MEMBER TO 18' 20" DIST FROM 1-1/2" WIRE W/ CRACK IN AREA. Job crack JIB NOT REPAIR NOT</p> <p>2) JIB SECTION NEAR BUT NOT ON CRANE LATTICE 2225 MEMBER W/ CRACK APPROX 1' W/ 3/4" & 1/2" IS NOT REPAIRED</p> <p>3) OPERATOR'S REAR FRONT CORNER TOP OF CRANE 2225 W/ CRACK IN WELD MATERIAL</p> <p>4) OPERATOR'S REAR FRONT CORNER 2225 W/ CRACK IN FRONT BOTTOM CORNER IS SHOWN IN PHOTO ATTACHED</p>	
<p>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</p>	
Welder:	Certificate #:
Mechanic:	Certificate #:
Date:	Signature:
REPAIRS REQ'D: Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	CERTIFICATION REQ'D: Y <input type="checkbox"/> N <input checked="" type="checkbox"/>
THIS UNIT WILL BE RECOMMENDED FOR CERTIFICATION BY OUR ENGINEER Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	
STICKER ON UNIT: Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	PROVINCE: <input type="checkbox"/> BC <input 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: R.S.M./J.T.	LEAD TECH: R.S.M.