



MOBILE CRANE OPERATOR EMPLOYER EVALUATION "LMI Set-Up"

OPERATOR'S NAME: _____ EVALUATION DATE: _____
 EMPLOYER: _____ CCO CERTIFICATION #: _____
 CRANE MAKE: _____ CRANE MODEL #: _____
 LMI TYPE / MODEL: _____ CRANE CATEGORY: _____

LOAD MOMENT INDICATOR (LMI) SET-UP Successful Completion? YES NO

Set-up the LMI with the following parameters:

Outriggers: Fully Extended & Set 50% Extended & Set 0% Extended & Set On Rubber

Quadrant: 360 degrees Front Rear N/A

Main Boom Length: _____

Jib Length: _____ Stowed Erected Stored **Offset:** _____

Auxiliary Boom Head Installed: Yes No

Main Hoist Parts of Line: 1 2 3 4 5 6 **Other:** _____ parts

Auxiliary Hoist Parts of Line: 1 2 3 4 N/A

Counterweight: Fixed Installed _____, _____, _____, _____, _____

Load Chart Number: _____ N/A