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**CERTIFICATION OF UNIT TEST AND/OR EXAMINATION
OF CRANES & DERRICKS USED FOR LIFTING SERVICE**

OWNER: Beacon Funding

OWNER'S ADDRESS: 3400 Dundee Rd, Northbrook, IL 60062

DESCRIPTION: truck mounted, boom/platform lift

DEVICE (CHECK) CRANE: **DERRICK:** **OTHER:** aerial lift

MANUFACTURER: SkyLift **MODEL:** aerial lift

SERIAL NUMBER: BL708003 **Unit#**

LOCATION: Elgin

SERVICE STATUS AT TIME OF SURVEY: LIFTING ; CLAMSHELL; MAGNEY;

DRAGLINE; **BACKHOE;** **SHOVEL;** **OTHER;** personnel lift

BOOM AT TIME OF SURVEY: LENGTH; 56'

RATED CAPACITY; 500 lbs pltfm

REMARKS AND/OR LIMITATIONS IMPOSED None

I certify that on the 01st day of AUG 2010 the above described device was examined by the undersigned or his authorized representative. That said examination met in all respects with the requirements of OSHA 1926.550 and 1910.18 with the requirements declared compatible under the provision of ANSI B30.5 that any deficiencies considered to constitute and unsatisfactory conditions have been noted and that the device has been found to be in all applicable respects with the governing requirements, except as noted.

NAME & ADDRESS OF AUTHORIZED PERSON CARRYING OUT THE TEST AND/OR EXAMINATION:
114 W Berkshire Ave., Lombard, IL

INSPECTOR NUMBER: 07-1520 **EXP DATE:** 08/01/2011

INSPECTOR NAME: Richard Walsh

INSPECTOR SIGNATURE _____

CRANE INSPECTION MANAGER: Richard Walsh

All information reported in this document was valid at the time of inspection and cannot reflect further conditions that may occur.

