

**Certificate of Unit Test and/or Examination  
of Crane, Derrick, or Other Material Handling Device**

**U.S. DEPARTMENT OF LABOR  
Occupational Safety and Health Administration**



Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data source, gathering and maintaining the data needed, and completing and reviewing the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. If you have any comments regarding this estimate or any other aspect of this information collection, including suggestions for reducing this burden, please send them to OSHA's Office of Maritime Enforcement, Room N-3610, 200 Constitution Avenue, NW, Washington, D.C. 20210.  
**DO NOT SEND THE COMPLETED FORM OR COMMENTS TO OMB**

Form Approved  
OMB No. 1218-0003

This certificate may be issued only by persons acting under current accreditation by the Occupational Safety and Health Administration under the provision of 29 CFR Part 1919, or otherwise specifically authorized to do so by the Occupational Safety and Health Administration. Use of this certificate by unauthorized persons is prohibited. Violators may subject themselves to the penalties provided in 33 U.S.C. 941 (P.L. 85-742) and/or 29 U.S.C. 655 (P.L. 91-596).

OSHA Certificate No.: <b>2012-71-0026-0289</b>	1. Owner: <b>Robichaux Equipment, Inc.</b>
Agency No.: <b>059-12-01</b>	<b>120 Dean Court Houma, LA, 70361</b>

2. Description:	Location:	If (a) or (c), describe:
<input checked="" type="checkbox"/> Crane (truck, rail, etc) <b>Crawler</b>	<input type="checkbox"/> (a) Remains at worksite	<b>Houma, LA</b>
<input type="checkbox"/> Derrick	<input checked="" type="checkbox"/> (b) Changes worksite	
<input type="checkbox"/> Other	<input type="checkbox"/> (c) Aboard vessel	
If spout or other device describe: _____		

Manufacturer <b>American</b>	Model <b>999</b>	Serial No. <b>GS 7998</b>	Owner's identification, if any <b>American Crawler Crane</b>
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Certificate Type:	Date of Last Annual	Date of Last Quad
<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Quad <input type="checkbox"/> Repair		

3. Service status at time of survey (check):

Lifting  Magnet

Clamshell  Other (describe): \_\_\_\_\_

4. Boom at time of survey (except bridge cranes):

Length(ft) (in)	Type
<b>100</b>	<b>Steel truss with angular chords and tubular lacings.</b>

5. Test loads applied (N/A if only examination conducted):

Radius(ft)	Radius(in)	Proof Loads(lbs)	Rated Loads(lbs)
<b>35</b>			<b>68000</b>
<b>50</b>			<b>46400</b>
<b>80</b>			<b>24800</b>

Means of application of proof load:  <b>n/a</b>	Basis for assigned load ratings:  <b>Manufacturer's load rating chart.</b>
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6. Remarks and/or limitations imposed:

**Refer to back of certificate.**

7. Load indicating or limiting device (check):  Fitted  Not fitted  Accuracy \_\_\_\_\_ %

I certify that on the **17** day of **JAN**, **2012** the above described device was examined by the undersigned or his/her authorized representative, that said examination met in all respects with the requirements of 29 CFR Part 1919 or with requirements declared compatible under the provisions of 29 CFR 1917.50(b)(2), any deficiencies considered to constitute unsatisfactory conditions have been corrected; and that the device has been found to be in compliance in all applicable respects with the governing requirements.

Name and address of accredited or otherwise authorized organization making the test and/or examination:  
**Cairo Marine Service, 701 East Main Street Jackson, MO, 63755**

Name and address of authorized person carrying out the test and/or examination: <b>Don Armand 701 East Main Street Jackson, MO, 63755</b>	Position of signatory in the organization making the test and/or examination: <b>Bruce Marrs, President</b>
Signature of Signatory Authority: 	Date: <b>01/30/2012</b>