

SERVICE REPORT

100 723-0433

CA CONTRACTORS LICENSE NO. 730136
CAL-OSHA APPROVAL NO. CA-151

| | | | |
|--|--|---|---------------------------------------|
| CUSTOMER: Caltech | | SERVICE LOCATION: Caltech | |
| | | 391 S Holliston Ave | |
| | | PASADENA CA | |
| CUSTOMER P.O. NO.: | CRANE CAP/MFG. 1701 Hercules | SERIAL NO. | MODEL/CAT. NO. |
| CONTACT STEVE VASS | HOIST CAP/MFG. 1 TAN DAVID RAND | SERIAL NO. | MODEL/CAT. NO. A1-IDMT SPECIAL |
| PHONE NO. 626.395.4219 | FAX NO. | CRANE NO. & LOCATION 40 Meter Lab. | |
| DESCRIPTION OF WORK PERFORMED Performed load test on 3 jib units at 2000 lbs weight with hoist performing to manufacturer's specs. Wiring is correct to prints. Supply by manufacture of system. On to day job did full at function test will no problems with stop procedures to operate. Used big truck to transport | | | |

RECOMMENDATIONS PRODUCT & SERVICES THAT WILL ENHANCE THE CUSTOMER'S BUSINESS - i.e. MODERNIZATIONS

Relieve South jib to control movement of load.

QUOTATION REQUIRED

| QTY. | INVENTORY # OR REFER. NO. | PARTS/MATERIAL SUPPLIED | | | | | | | | | | | |
|------|---------------------------|-------------------------|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | |

| NAME | DATE | | | DATE | | | DATE | | | DATE | | | TOTAL HOURS |
|---------------------|-------------------------|-----|-----|------|-----|-----|------|-----|-----|------|-----|-----|-------------|
| | REG. | 1.5 | 2.0 | REG. | 1.5 | 2.0 | REG. | 1.5 | 2.0 | REG. | 1.5 | 2.0 | |
| Jeff Stinson | | | | | | | | | | | | | |
| | AS PER AGREEMENT | | | | | | | | | | | | |

*TOTAL HOURS INCLUDE LABOR CHARGED PORTAL TO PORTAL

ADDITIONAL WORK REQUIRED QUOTATION REQUIRED JOB COMPLETE YES NO

TOTAL HOURS

| QUANT. | INVENTORY NO. OR REFER. NO. | PARTS/MATERIAL TO BE ORDERED | | | | | | | | | | | | INITIALS |
|--------|-----------------------------|------------------------------|--|--|--|--|--|--|--|--|--|--|--|----------|
| | | | | | | | | | | | | | | |

EXPENSES SCAFFOLDING SECTIONS TRUCKING TEST WEIGHTS _____ TONS WELDER OTHER

TECHNICIAN SIGNATURE _____ DATE COMPLETED _____ AUTHORIZED CUSTOMER SIGNATURE _____ DATE _____