

5 Green Mountain Drive, PO Box 488
Montpelier, VT 05601-0488

REPORT OF TRAMWAY WIRE ROPE INSPECTION

Area: _____ Tramway Name: _____
Date: _____ Inspector: _____ Lift Type: _____
Operation: Winter Summer Night Date Last Operated: _____

Wire Rope Data

Right Left Regular Lang Lay Core: Vegetable Fiber Synthetic Fiber Steel
Manufacturer: _____ Date Installed: _____
Any Sections Spliced Into Repair: _____ Date: _____
Splicer(s): _____

Inspection Data

Diameter of main rope body measured in two planes at 90 degrees at 10 various points:
Line 1: _____
Line 2: _____
Diameter at splice area (at point of tucks):
Splice #1: _____ Splice #2: _____
Condition of splices: 1. _____ 2. _____
Diameter of any damaged area: _____
Length of lay: (a) Main rope body: _____ (b) Splice area: _____ (c) Damaged area: _____
Abrasion, scrubbing, or peening: _____ % of diameter of outside wires
Number of broken wires: _____ Location: _____
Type of break: _____ Worst section: No. of broken wires in one strand: _____ In one lay: _____
Corrosion: Surface rust: None Slight Moderate Heavy Scale
Pitting: None Slight Moderate Heavy
Evidence of heat damage: Yes No Probable Cause: _____
Lubrication: Good Requires lubrication None Excessive or incorrect
Rope dirty: _____ Valleys filled with dirt, etc.: _____
Any irregularities in rope: _____
Reduction from nominal: _____

Tension Data

Counterweight cable construction: _____ Number part line: _____
Carriage clearance: _____ Available ram: _____ feet
Counterweight clearance: _____
Temperature at time above measurement was made: _____ degrees F or C
Diameter of counterweight rope: _____ Condition: _____ Lubrication: _____
End fittings – type: _____

Back Stay Cable

Diameter: _____ Construction: _____ Condition of End Fittings: _____
Pitting: _____ Lubrication: _____

All wire ropes have been inspected in accordance with the latest edition of ANSI B.77.1 and **are/are not** considered approved for operation at the time of the inspection.

Recommendations: _____

Inspected by: _____
Company or Agency: _____
Address: _____
Telephone Number: _____
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