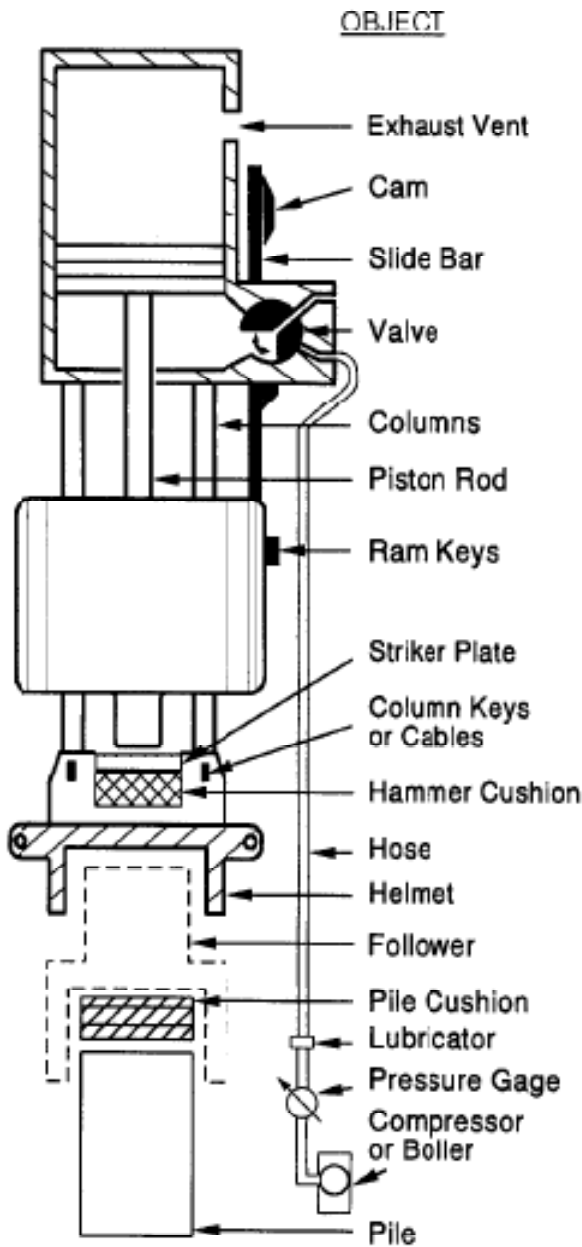


INSPECTION FORM FOR SINGLE AND DIFFERENTIAL ACTING AIR/STEAM HAMMERS

Project/Pile: _____
 Date: _____
 Conditions: _____

Hammer Name: _____
 Serial No: _____



OBJECT

REQUIREMENTS

OBSERVATIONS

	Yes / No
Slide Bars / Cams Greased? Tight?	Remarks _____
Columns Greased?	Yes / No
Ram Keys Tight?	Yes / No
Column Keys or Cables Tight?	Yes / No
Striker Plate	t = _____ D = _____
Hammer Cushion	t = _____ D = _____ Material _____ How long in use? _____
Helmet	Type or Weight? _____
Follower	Yes / No; Type _____
Pile Cushion	Material _____ t = _____ Size _____ How long in use? _____
Pile	Material _____ Length _____ Size _____ Batter _____
Hose	I.D. Size _____ Length _____ Leaks? _____ Obstructions? _____
Lubricator Filled?	Yes / No
Pressure at Hammer _____ kPa	Measured _____ kPa at _____ meters from Hammer
Fluctuating during Driving?	Yes / No; How much? _____ kPa
Check Compressor and Boiler?	Size _____ m ³ /min Make _____

MANUFACTURER'S HAMMER DATA

Ram Weight _____
 Max. Stroke _____
 Rated Energy _____
 Blows/min in Hard Driving _____

ATTACHED SAXIMETER PRINTOUT

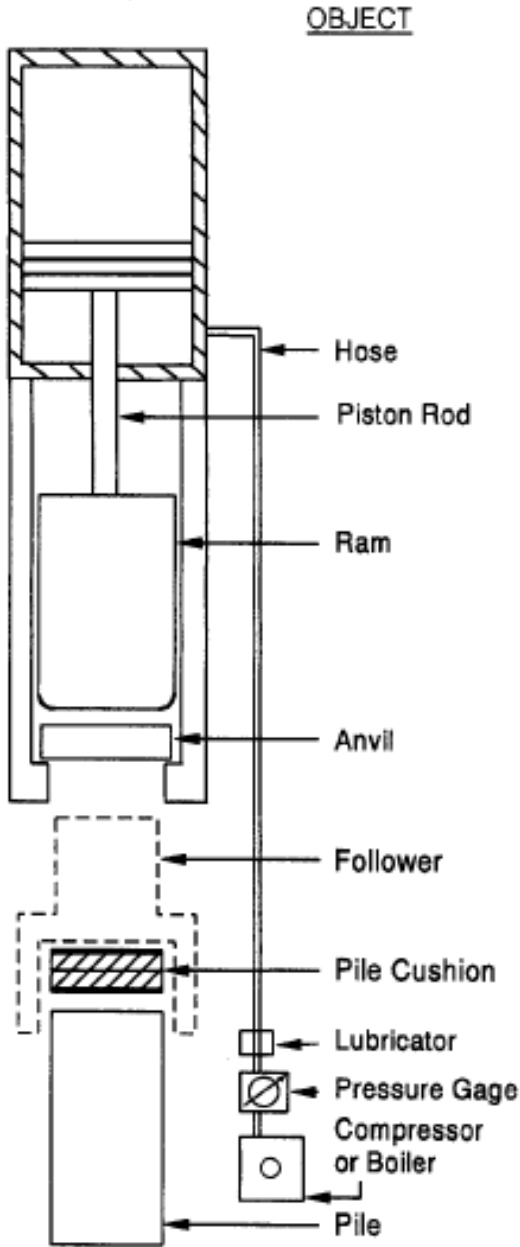
OBSERVATION WHEN BEARING IS CONFIRMED

Full Ram Stroke Yes/No, _____ %
 Blows/min; Blows/m _____
 High Pile Rebound; Pile Whipping Yes/No; Yes/No
 Pile-Hammer Alignment Front/Back _____ Sides _____
 Crane Size and Make _____
 Lead Type _____
 Hammer Lead Guides Lubricated Yes/No
 Piston Rod Lubricated _____
 Exhaust Description: Freezing? _____ Condensing? _____
 Lubricant Apparent? _____

INSPECTION FORM FOR ENCLOSED DOUBLE ACTING AIR/STEAM HAMMERS

Project/Pile: _____
 Date: _____
 Conditions: _____

Hammer Name: _____
 Serial No: _____



OBJECT

REQUIREMENTS

OBSERVATIONS

Follower	Yes / No; Type _____
Pile Cushion	Material _____ t = _____ Size _____ How long in use? _____
Pile	Material _____ Length _____ Size _____ Batter _____
Hose Size?	I.D. Size _____ Length _____ Leaks? _____ Obstructions? _____
Lubricator Filled?	Yes / No
Pressure at Hammer _____ kPa	Measured _____ kPa at _____ meters from Hammer
Fluctuating during Driving?	Yes / No; How much? _____
Check Compressor and Boiler?	Size _____ m ³ / min Make _____

MANUFACTURER'S HAMMER DATA

Ram Weight _____
 Max. Stroke _____
 Rated Energy _____
 Blows/min in Hard Driving _____

ATTACHED SAXIMETER PRINTOUT

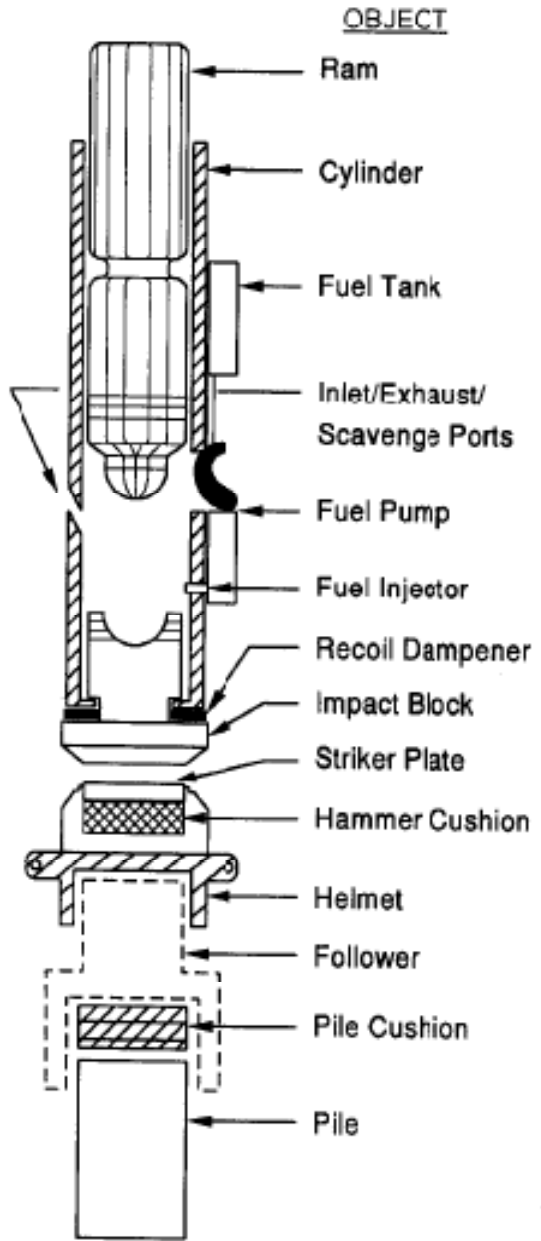
OBSERVATION WHEN BEARING IS CONFIRMED

Full Ram Stroke Yes/No, _____ %
 Blows/min; Blows/m _____
 High Pile Rebound; Pile Whipping Yes/No; Yes/No
 Pile-Hammer Alignment Front/Back _____ Sides _____
 Crane Size and Make _____
 Lead Type _____
 Hammer Lead Guides Lubricated Yes/No
 Piston Rod Lubricated _____
 Exhaust Description: Freezing? Condensing?
 Lubricant Apparent?

INSPECTION FORM FOR SINGLE ACTING DIESEL HAMMERS

Project/Pile: _____
 Date: _____
 Conditions: _____

Hammer Name: _____
 Serial No: _____



OBJECT

REQUIREMENTS

OBSERVATIONS

Ram Lubricated?	Yes / No
Fuel Tank Filled with Type II Diesel?	Yes / No Type _____
Exhaust Ports Open?	Yes / No
Fuel Pump	Hammer Setting _____
Recoil Dampener Undamaged?	Yes / No
Impact Block Lubricated?	Yes / No
Striker Plate	t = _____ D = _____
Hammer Cushion	t = _____ D = _____ Material _____ How long in use? _____
Helmet	Type or Weight? _____
Follower	Yes / No; Type _____
Pile Cushion	Material _____ t = _____ Size _____ How long in use? _____
Pile	Material _____ Length _____ Size _____ Batter _____

MANUFACTURER'S HAMMER DATA

Ram Weight _____

Hammer Setting	Rated Energy kJ	Rated Stroke m
min.		
max.		

ATTACHED SAXIMETER PRINTOUT

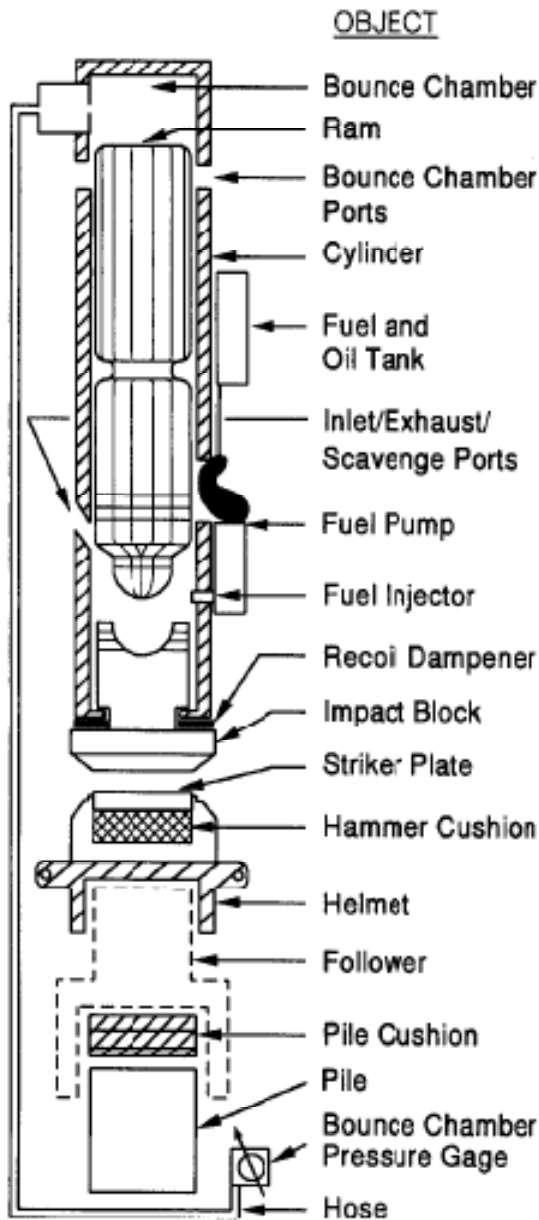
OBSERVATION WHEN BEARING IS CONFIRMED

Excessive Cylinder Rebound	Yes/No
High Pile Rebound	Yes/No
Pile Whipping	Yes/No
Pile-Hammer Alignment	Front/Back _____ Sides _____
Crane Size and Make	_____
Lead Type	_____
Hammer Lead Guides Lubricated	Yes/No
Color of Smoke	_____
Steel to Steel Impact Sound	_____

INSPECTION FORM FOR DOUBLE ACTING DIESEL HAMMERS

Project/Pile _____
 Date: _____
 Conditions: _____

Hammer Name: _____
 Serial No: _____



REQUIREMENTS

OBSERVATIONS

Ram Lubricated?	Yes / No
Fuel Tank Filled with Type II Diesel?	Yes / No
Exhaust Ports Open?	Yes / No
Fuel Pump	Hammer Setting _____
Recoil Dampener Undamaged?	Yes / No
Impact Block Lubricated?	Yes / No
Striker Plate	t = _____ D = _____
Hammer Cushion	t = _____ D = _____ Material _____ How long in use? _____
Helmet	Type or Weight? _____
Follower	Yes / No; Type _____
Pile Cushion	Material _____ t = _____ Size _____ How long in use? _____
Pile	Material _____ Length _____ Size _____ Batter _____
Bounce Chamber Hcse	Length _____

MANUFACTURER'S HAMMER DATA

Ram Weight _____
 Max. Stroke _____

Bounce Chamber Pressure (kPa)	Rated Energy (kJ)

ATTACHED SAXIMETER PRINTOUT

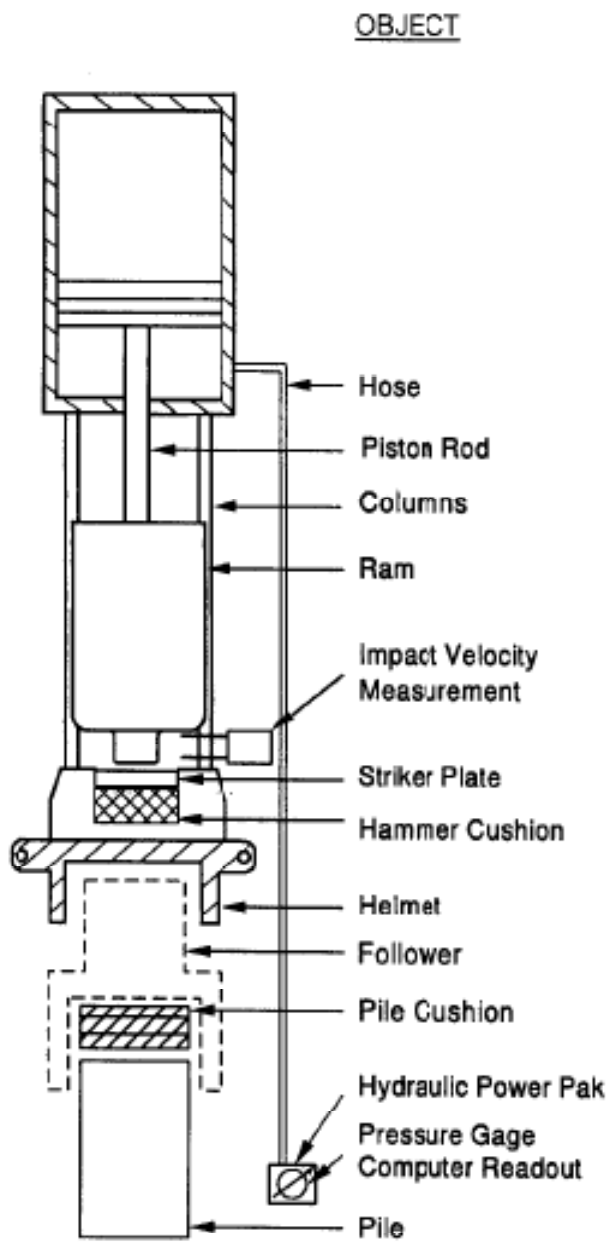
OBSERVATION WHEN BEARING IS CONFIRMED

Bounce Chamber Pressure	Time or Depth _____
Cylinder Lift-off	Yes/No _____
Excessive Cylinder Rebound	Yes/No _____
High Pile Rebound	Yes/No _____
Pile Whipping	Yes/No _____
Pile-Hammer Alignment	Front/Back _____ Sides _____
Crane Size and Make	_____
Lead Type	_____
Hammer Lead Guides Lubricated	Yes/No _____
Color of Smoke	_____
Steel to Steel Impact Sound	_____

INSPECTION FORM FOR HYDRAULIC HAMMERS

Project/Pile: _____
 Date: _____
 Conditions: _____

Hammer Name: _____
 Serial No: _____



<u>OBJECT</u>	<u>REQUIREMENTS</u>	<u>OBSERVATIONS</u>
	Ram Visible?	Yes / No
	Observed Ram Stroke _____ m	
	Ram Downward Pressure Provided ?	Yes / No
	Hydraulic Pressure, Rated _____ kPa	
	Hydraulic Pressure, Actual _____ kPa	
	Impact Velocity Measurement ?	Yes / No
	If Without Velocity Measurement Then ?	Free Fall? _____
	Observed Fall Height _____ m	
	Pressure under ram during fall _____	
	Preadmission Possible? _____	
	Striker Plate	t = _____ D = _____
	Hammer Cushion	t = _____ D = _____
		Material _____
		How long in use? _____
	Helmet	Type or Weight? _____
	Follower	Yes / No; Type _____
	Pile Cushion	Material _____
		t = _____ Size _____
		How long in use? _____
	Hydraulic Power Pack	Make _____
		Model _____
	Pressure Gage ?	Yes / No Reading _____
	Computer Readout ?	Yes / No Reading _____
	Pile	Material _____
		Length _____ Size _____
		Batter _____

MANUFACTURER'S HAMMER DATA

Ram Weight _____
 Max. Stroke _____
 Min. Stroke _____
 Max. Energy _____
 Min. Energy _____

ATTACH SAXIMETER PRINTOUT

OBSERVATION WHEN BEARING IS COMPLETED

Hammer Uplifting Yes/No _____
 Reduced Pressure Yes/No _____
 Blows/Minute _____
 Blow/meter _____
 High Pile Rebound Yes/No _____
 Pile Whipping Yes/No _____
 Pile-Hammer Alignment Front/Back _____ Sides _____
 Crane Size and Make _____
 Lead Type _____
 Lead Guides Lubricated Yes/No _____

