



## Work Instruction

**DIRECTIVE NO.** 540-WI-8719.1.1-  
**EFFECTIVE DATE:** 02/03/2005  
**EXPIRATION DATE:** 02/03/2010

**APPROVED BY Signature:** Original signed by  
**NAME:** Stanley Y. Chan  
**TITLE:** RECERT Manager

### COMPLIANCE IS MANDATORY

**Responsible Office:** 540/RECERT

**Title:** Certification of New or Modified Lifting Devices (LD) and Lifting Equipment (LE)

## PREFACE

### P.1 PURPOSE

This Work Instruction describes the step-by-step process to be used by the Recertification Program (RECERT) Support Function personnel for the initial Certification of Lifting Devices and Equipment (LDE) that includes Lifting Devices (LD) and Lifting Equipment (LE).

### P.2 APPLICABILITY

This Work Instruction is applicable to LDE certification activities at Greenbelt, MD. and at the Wallops Flight Facility, VA.

### P.3 REFERENCES

P3.1 GPR 8719.1, Certification and Recertification of Lifting Devices and Equipment.

### P.4 CANCELLATION

540-WI-8072.1.1A, Certification of New or Modified Lifting Devices (LD) and Lifting Equipment (LE).

### P.5 TOOLS, EQUIPMENT, AND MATERIALS

Applicable LDE certification procedures shall include any special tools, equipment, or materials necessary for certification of LDE.

### P.6 SAFETY PRECAUTIONS AND WARNINGS

Safety, caution and warning notes unique to LDE certification shall be included in applicable certification procedures.

### P.7 TRAINING

None

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**EFFECTIVE DATE:** 02/03/2005  
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Page 2 of 5

## P.8 RECORDS

Record Title	Record Custodian	Retention
Test & Inspection Reports for LDE	RECERT Manager for Greenbelt, Deputy RECERT Manager at WFF	PERMANENT – pending approval of record schedule.

## P.9 METRICS

None

## P.10 DEFINITIONS

None

## INSTRUCTIONS

In this document, a requirement is identified by “shall,” a good practice by “should,” permission by “may” or “can,” expectation by “will,” and descriptive material by “is.”

The following STEPS are sequential unless noted otherwise.

### ACTION\*

- (E) A. Develop a Certification Procedure to include at least the following:
  1. Engineering verification that GPR 8719.1-required documentation is complete.
  2. Type and extent of NDT, including visual inspections, to be performed prior to Proof Load Test. Acceptance criteria must be provided.
  3. Step-by-step procedure for Proof Load Test, including the applied test load. Note: This procedure may be generic for multiple types of LE.
  4. Type and extent of NDT, including acceptance criteria, to be performed subsequent to Proof Load Test.
- (E) B. Obtain RECERT Manager’s approval of Certification Procedure.

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Page 3 of 5

- (I) C. Perform pre-Proof Load Test NDT. Note: All LE hardware components must be traceable to a credible source of information, such as OEM, OSHA, etc., for certifiability. If such traceability does not exist, the item(s) shall be rejected.
  - 1. If NDT is acceptable, proceed to STEP D.
  - 2. If NDT is unacceptable, the item is rejected. Proceed as directed by the RECERT Manager.
- (I) D. Perform Proof Load Test.
  - 1. If acceptable, proceed to STEP E.
  - 2. If unacceptable, the item is rejected. Proceed as directed by the RECERT Manager.
- (I) E. Perform post-Proof Load Test inspection and NDT.
  - 1. If NDT is acceptable, proceed to STEP F.
  - 2. If NDT is unacceptable, the item is rejected. Proceed as directed by the RECERT Manager.
- (I) F. Apply applicable Certification Tag(s) (see attached), and release for service or return to Owner/User.
- (E) G. Obtain RECERT Manager approval of Certification and file Procedure and Certification Documentation in RECERT Master Files.
- (CSV) H. Update CSV System to include Certified LD and/or LE as applicable.

\* LEGEND: (E) – Engineering; (I) – Inspection; (CSV) – Certification Status Verification

### RECERT LDE Tags


Note: Typical GSFC Greenbelt tags are shown. WFF tags are similar but include WFF-specific designation and contact information.

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**DIRECTIVE NO.** 540-WI-8719.1.1-  
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**EXPIRATION DATE:** 02/03/2010

Page 4 of 5



**GODDARD SPACE FLIGHT CENTER  
RECERTIFICATION PROGRAM**

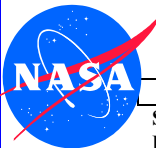
**CERTIFIED**

LDE/EQUIP. ID.  
NO. \_\_\_\_\_

☐ **CRITICAL**  
☐ **NONCRITICAL**

SWL # \_\_\_\_\_  
 INSP'R \_\_\_\_\_  
 INSP DATE \_\_\_\_\_  
 DUE DATE \_\_\_\_\_

**RECERT SUPPORT:**  
*(301) 286-5181*



**GODDARD SPACE FLIGHT CENTER  
RECERTIFICATION PROGRAM**

**CERTIFIED**

☐ **CRITICAL** ☐ **NONCRITICAL**

SWL# \_\_\_\_\_ LDE ID NO: \_\_\_\_\_  
 LOAD TEST WEIGHT: \_\_\_\_\_  
 INSPR: \_\_\_\_\_ TEST DATE: \_\_\_\_\_  
 INSPECTION DUE DATE: \_\_\_\_\_  
 RECERT SUPPORT: (301) 286-5181

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Page 5 of 5

**CHANGE HISTORY LOG**

<b>Revision</b>	<b>Effective Date</b>	<b>Description of Changes</b>
Baseline	02/03/2005	Initial Release

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