

Revised on 04/25/14

Approved by Jeff Kuchelmeister

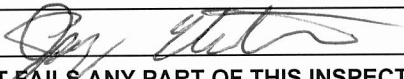
Q3LCJ018

Aerial Lift Pre-Start Inspection Checklist

Operator: <u>Sody C</u>	Date: <u>11-27-17</u>	Aerial or Scissor Lift ID #: <u>75</u>
Unit Type: <input checked="" type="checkbox"/> Scissor Lift		Location / Building: _____
<input checked="" type="checkbox"/> Man Lift <input type="checkbox"/> Other _____		Department: _____

1. Safety Precautions	Status OK NO NA	2. Check Operations	Status OK NO NA
Windy Conditions – less than 20 to 25 MPH (Less than manufacturer guidelines)	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Horn	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Personal Protective Equipment	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Gauge	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Pedestrian / Traffic – Barriers, Tape, Signs	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Brakes	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
Wheel Chock and/or Brakes	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Lights	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Working Surface – Level	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Steering	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Power Lines or Electrical Source	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Attachments or Accessories	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
Load Limits	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Backup Alarm or Warning Buzzer	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Outriggers	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Warning Lights	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Other _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Other _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3. Vehicle Inspections	Status OK NO NA	4. Platform Lift Inspection	Status OK NO NA
Hydraulic Oil Level	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Lift and Travel Controls and Switches	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Check the Lift and Surrounding Area for Leaks	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Placards, Decals, and Control ID labels	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Conditions of Wheels and Tires	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Handrails, Guardrails, and Safety Chains	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Battery and Charger	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Platform Deck and Toeboards	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Ground Control Switches	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Other _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Other _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

Comments:

Operator's Signature: 

IF THE AERIAL LIFT FAILS ANY PART OF THIS INSPECTION, REMOVE THE KEY AND REPORT THE PROBLEM TO YOUR SUPERVISOR. DO NOT ATTEMPT TO MAKE REPAIRS UNLESS YOU ARE A TRAINED AND AUTHORIZED SERVICE PERSON.