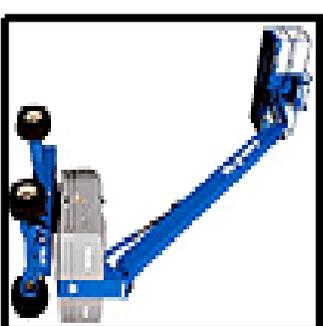


Extendible Boom Platform Pre-operation Inspection



Lift MFG: _____ Model: _____ Serial Number : _____

Date: _____ Start Time: _____ AM / PM (circle one) **WEAR FALL PROTECTION WHEN USING THIS LIFT**

| KEY OFF Procedures | Pass | Fail | N/A |
|---|--|-------------------------------|------------|
| Check that the operator's manual, decals are in place and legible, and the operator has reviewed the manual and is aware of its limitations | | | |
| Check Hydraulic cylinders/Lifting mechanism/Fluid level | | | |
| Check welds, pins, missing nuts or bolts and other structural parts for cracks or defects | | | |
| Check drive hubs, engine for oil leaks | | | |
| Check platform entry mid-rail/gate, and platform or basket housekeeping | | | |
| Examine the battery & fire extinguisher | | | |
| Check fuel level to assure that the unit can operate the duration of the job | | | |
| Operator is responsible for inspecting all fall protection and insure that all fall protection is being worn and attached properly | | | |
| Tires/Rollers/Monitor tire air pressure if pneumatic (Front Right ___ psi, Front Left ___ psi, Right Rear ___ psi, Left Rear ___ psi) | | | |
| KEY ON Procedures | | | |
| Check all ground controls for proper operation, including emergency lowering means (remember, these could save your life) | | | |
| Check all basket controls, foot switch, horn for proper operation | | | |
| Battery discharge indicator, Hour meter | | | |
| Steering and drive system | | | |
| Check limit switches, alarms, and flashing beacon if equipped (operating the lift by raising/swing/extending booms, tilt/rotate the basket) | | | |
| Check outriggers for proper operation if equipped | | | |
| Starting Hour Meter Reading: _____ Hours | Operator's Name: (Printed / Signature) _____ | Operator's Employee ID: _____ | |

Instructions: Operator must check off each item as having been checked "OK" and safe to use during daily inspection prior to operation. See the reverse side of this page and complete the Work Site Evaluation for every new location.

Aerial Lift and Elevating Work Platform Safety Program

Aerial Lift Site/Operation Hazard Assessment for _____ Department

Location(s): _____

Type of Work to be conducted: _____

Instructions: An Operator must conduct a **Site Hazard Assessment** for Industrial Lift Equipment owned/operated by each department to identify all hazards in the area of intended work, and to select appropriate equipment for the work-task. Unlike other Industrial Equipment, each time an Aerial Lift or Elevating Work Platform unit is used the site must be reassessed and documented on this form.

| Site Evaluation | YES | NO | N/A |
|---|-----|----|-----|
| Is the work surface structurally strong enough to handle the lift, and free of drop-offs? | | | |
| Are surface conditions where the lift is used free of obstructions and on level surface? | | | |
| Are there proper barricades to control pedestrian and vehicle traffic in work zone? | | | |
| Are there overhead obstructions or restricted places where the lift will be operated? | | | |
| Will the basket handle the loads to be carried without exceeding the rated capacity? | | | |
| Are there ramps and other sloped surfaces that could affect the vehicle's stability? | | | |
| Will the lift be used for electrical work or near high voltage lines? | | | |
| Are there "Classified Hazardous" locations where the vehicle will be operated? | | | |
| Is there an enclosed environment(s) or other areas where insufficient ventilation or poor vehicle maintenance could cause a build-up of carbon monoxide or diesel exhaust buildup for combustion motors, or hydrogen gas buildup at electric vehicle recharging stations? | | | |
| Is wind or other weather a concern? Are there sustained winds or gusts stronger than the manufacturer's rated design allowance? | | | |
| List below other potentially hazardous site-conditions that could affect safe operation: | | | |
| | | | |
| | | | |
| Process/Use of Lift Truck | YES | NO | N/A |
| Has the proper Lift been chosen for the type of work being conducted? | | | |
| Does the Lift have the proper lift height and capacity for the job? | | | |
| Are proper PPE (hardhats, etc.) and full body harnesses w/lanyards available and used? | | | |
| Is the basket free of trip hazards and proper housekeeping maintained? | | | |
| Are there designated parking areas for Lift(s)? (Clear of exits, fire extinguishers, hydrants, pedestrian-aisles, doorways, footpaths, or electrical panels.) | | | |
| Is the fueling and/or charging area well ventilated? | | | |
| Is there proper lighting in the areas the Lift is being used? | | | |
| Are Propane bottles being kept in a secure area, and are they tagged "Full" or "Empty"? | | | |
| List below other potentially hazardous process-conditions that could affect safe operation: | | | |
| | | | |
| | | | |

Operator/Evaluator: _____ Date evaluated: ___/___/___