Chapter 14 - Form 2: Aerial Device, Mobile & Work Platform Operator Inspection Checklist

Lift Model: Lift Serial #:

Capacity: _____ Height: _____ Start Hours: _____ End Hours: _____

FIRST of month/first use, CHECK each line & initial by date. EACH USE, verify each line & initial by date.

Day of	A. Inspection Before Operations Oil and hydraulic levels Fuel level	Day of
1 Init.	Battery, no corrosion at leads Coolant level	16 Init.
2 Init.	Ground Control Switches Leaks on ground	17 Init.
3 Init.	Condition of wheels & tires, and air pressure of pneumatic tires Comments:	18 Init.
4 Init.	B. Work Site Ground level and obstacle free Slope	19 Init.
5 Init.	Surface (paved, asphalt, gravel) Overhead hazards	20 Init.
6 Init.	Roadway traffic or pedestrians Electrical (min 10 ft clearance) Comments:	21 Init.
7 Init.	C. Operation Checks Guages Steering	22 Init.
8 Init.	Horn Warning lights	23 Init.
9 Init.	Lights Alarms/Strobe	24 Init.
10 Init.	Brakes Attachments/Accessories Comments:	25 Init.
11 Init.	D. Platform Equipment (Make sure that the area around the lift truck is clear before starting the engine).	26 Init.
12 Init.	Travel controls and switches Steering	27 Init.
13 Init.	Placards, Decals, ID labels Warning Lights	28 Init.
14 Init.	Handrails, Guardrails, Safety Chain Backup Alarm	29 Init.
15 Init.	Platform Deck and Toe boards Attachments/Accessories Comments:	30 Init.
	E. Fall Protection Equipment (NOT required on scissor/man-lift) Aerial - Full body harness Inspected? Form 3 completed?	31 Init.
	Aerial - Lanyard (max 3') Inspected? Form 4 completed? Comments:	
	F. Operations Manual Must be on vehicle at all times. Comments:	
Each use	What emergency communications method will be used? Comments:	
Example Init. JAE	If the LIFT fails <u>any</u> part of this inspection, remove the key and report the problem to your supervisor. Place 'OUT-OF-SERVICE' tag on controls. Comments:	