

## SUGGESTED PRE-USE CHECKLIST FOR POWERED ACCESS EQUIPMENT

Operator:	Date:	Boom or Scissor Lift ID:
Unit Type: <input type="checkbox"/> Scissor Lift <input type="checkbox"/> Articulating Boom		Location / Building:
<input type="checkbox"/> Personnel 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 type="checkbox"/>	Horn	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Personal Protective Equipment	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Gauge	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Pedestrian / Traffic – Barriers, Tape, Signs	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Brakes	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Wheel Chock and/or Brakes	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Lights	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Working Surface – Level	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Steering	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Power Lines or Electrical Source	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Attachments or Accessories	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Load Limits	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Backup Alarm or Warning Buzzer	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Outriggers	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Warning Lights	<input 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
Oil Level	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Lift and Travel Controls and Switches	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Hydraulic Oil Level	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Placards, Decals, and Control ID labels	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Fuel Level	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Handrails, Guardrails, and Safety Chains	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Check the Lift and Surrounding Area for Leaks	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Platform Deck and Toeboards	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Coolant Level	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Other _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Tire Pressure and Conditions of Wheels and Tires	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Batter and Charger	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Ground Control Switches	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Other _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

Comments:

<b>Operator's Signature:</b>
<p><b>IF THE AERIAL LIFT FAILS ANY PART OF THIS INSPECTION, REMOVE THE KEY AND REPORT THE PROBLEM TO YOUR SUPERVISOR.</b></p> <p><b>DO NOT ATTEMPT TO MAKE REPAIRS UNLESS YOU ARE A TRAINED AND AUTHORISED SERVICE PERSON.</b></p>